

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N47566**

1. Entity Name  
**SECRET COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 1166  
EATON PARK, FL 33840

Mailing Address  
P.O. BOX 1166  
EATON PARK, FL 33840



01232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3134250**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PHELPS, CAROL  
3310 ANCHOR LANE  
LAKELAND, FL 33801**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DESMOND, GARY  
3542 DOVETRAIL LANE N.  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
PHELPS, CAROL  
3310 ANCHOR LANE  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MEYERS, GLORIA  
936 CAPTIVA POINT  
LAKELAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN0000336082  
04/27/05-80110-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carol Phelps / Carol Phelps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/05* *863 666-1525*

DATE

Daytime Phone #