


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 009 ****61.25

DOCUMENT # 740067			
1. Entity Name SECRET COVE CIVIC ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 550706 JACKSONVILLE, FL 32255-7706		Mailing Address P.O. BOX 550706 JACKSONVILLE, FL 32255-7706	
2. Principal Place of Business - No P.O. Box # <u>1 SECRET COVE Ph.</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE, FL.</u>		City & State	
Zip <u>32216</u>		Country <u>USA</u>	
4. FEI Number <u>59-2378008</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURTNEY, WILLIAM G 3560 HIDDEN LAKE DRIVE E JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name <u>HUGH A. DEVER</u> Street Address (P.O. Box Number is Not Acceptable) <u>8238 BATEAU Rd. S.</u> City <u>JACKSONVILLE</u> FL Zip Code <u>32216</u>	
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 <u>Hugh A. Dever</u> <u>TREASURER, HUGH A. DEVER</u>		DATE <u>7/7/2007</u>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COURTNEY, WILLIAM G 3560 HIDDEN LAKE DR E JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BAKER 3220 HIDDEN LAKE DR. E. JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEEK, BILL 3218 HIDDEN LAKE DRIVE W. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEARY, ROGER 3440 HIDDEN LAKE DR EAST JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, RONALD 3225 HIDDEN LAKE DR EAST JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KEN GRULA 8376 COMPASS ROSE DR. S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISE, KAREN 3565 BATEAU ROAD E. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVER, HUGH A 8238 BATEAU ROAD S. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HUGH A. DEVER 8238 BATEAU Rd. S. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Hugh A. Dever</u> <u>TREASURER, HUGH A. DEVER</u>		DATE <u>7/7/07</u> (904) 733-7609	