	y certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under at 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			
above, or on an attachment with all other like empowered.				
SIGNATURE MARY PAT CORRIGAN	TREASURER	04/11/2018		

TREASURER

SIGNATURE: MARY PAT CORRIGAN

I

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MARY PAT CORRIGAN

City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216
Title	VP	Title	т
Name	AMICO, JOHN	Name	CORRIGAN, MARY PAT
Address	3535 BATEAU RD. W	Address	3453 BATEAU ROAD WEST
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

Offi

		Electronic Signature of Registered Agent					
	Officer/Director Detail :						
	Title	Р	Title	SECRETARY			
	Name	STAMPS, TONY	Name	SCHILLING, WILLIAM			
	Address	3459 HIDDEN LAKE DRIVE WEST	Address	8238 CUTTER PLACE			
	City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216			
	Title	VP	Title	т			
			Name	' CORRIGAN, MARY PAT			
	Name	AMICO, JOHN					
	A al aluce a a		Addrose				

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.

Name and Address of Current Registered Agent:

Current Mailing Address:

1 SECRET COVE PL JACKSONVILLE, FL 32216

DOCUMENT# 740067

P.O. BOX 550706 JACKSONVILLE, FL 32255-7706

Current Principal Place of Business:

FEI Number: 59-2378008

CORRIGAN, MARY PAT 8222 CUTTER PLACE

JACKSONVILLE, FL 32216 US

Entity Name: SECRET COVE CIVIC ASSOCIATION, INC.

FILED Apr 11, 2018 Secretary of State CC2490464855

04/11/2018 Date

Certificate of Status Desired: Yes

Date