FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740067** **(4)**

1. Corporation Name
SECRET COVE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 550706 JACKSONVILLE FL 32255-7706	P.O. BOX 550706 JACKSONVILLE FL 32255-7706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1977
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2378008 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORRIGAN, TIMOTHY J.
3543 BATEAU RD W.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	MILLER, LAURA	1.2 NAME		
STREET ADDRESS	3459 HIDDEN LAKE DR. W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	DOTSON, KENNETH	2.2 NAME	WINTER, MIKE	
STREET ADDRESS	3111 OLD PORT CIRCLE E.	2.3 STREET ADDRESS	3241 CLIPPER PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	DS	3.1 TITLE	D	☒ Change ☐ Addition
NAME	COURTNEY, KATHY	3.2 NAME	RAY, CHARLIE	
STREET ADDRESS	3560 HIDDEN LAKE DR E.	3.3 STREET ADDRESS	3550 HIDDEN LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	DT	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	LEE, COHN	4.2 NAME	GOOD, TIMOTHY	
STREET ADDRESS	3311 HIDDEN LAKE DR E	4.3 STREET ADDRESS	3616 BARQUENTINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, GEORGE	5.2 NAME		
STREET ADDRESS	3516 COMPASS ROSE DR E	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	DP	6.1 TITLE		☐ Change ☐ Addition
NAME	POWELL, KENT	6.2 NAME		
STREET ADDRESS	6344 HIDDEN LAKE DR. S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy A. Good TIMOTHY A. GOOD 4/21/95 904/791-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0664830