

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1977

3a. Date of Last Report

04/27/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

CORRIGAN, TIMOTHY J.

~~3543 BATEAU RD W.~~
JACKSONVILLE FL 32216

CHANGE TO

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3323 HIDDEN LAKE DR. W.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MILLER, LAURA
STREET ADDRESS
3459 HIDDEN LAKE DR. W.
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
WINTER, MIKE
STREET ADDRESS
3241 CLIPPER PLACE
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
RAY, CHARLIE
STREET ADDRESS
3550 HIDDEN LAKE DRIVE EAST
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
GOOD, TIMOTHY
STREET ADDRESS
3516 BARQUENTINE ROAD
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
BANKS, GEORGE
STREET ADDRESS
3516 COMPASS ROSE DR E
CITY-STATE-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
POWELL, KENT
STREET ADDRESS
8344 HIDDEN LAKE DR. S.
CITY-STATE-ZIP
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DV

DP

DS

TREMBLY, RUSSELL
8327 HIDDEN LAKE DR. S.
JACKSONVILLE, FL 32216

D

ZUCKER, RON
3237 HIDDEN LAKE DR. W.
JACKSONVILLE, FL 32216

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

904/448-8530

CR2E037 (12/95)