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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740067** (4)

1. Corporation 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1977

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JOHN LEINHAUSER

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

3528 HIDDEN LAKE DR. W

83

84 City

JACKSONVILLE

FL

85 Zip Code

32216

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 John J. Leinhauser **JOHN J. LEINHAUSER** **SCCA TREASURER** **15 March 1998**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **LEINHAUSER, JOHN**
STREET ADDRESS **3528 HIDDEN LAKE DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DP** ☐ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE **DT** ☐ DELETE

NAME **GOOD, TIMOTHY**
STREET ADDRESS **3518 BARQUENTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☐ DELETE

NAME **TREMBLY, RUSSELL**
STREET ADDRESS **8327 HIDDEN LAKE DR S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **ZUCKER, RON**
STREET ADDRESS **3237 HIDDEN LAKE DR W**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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]

(904) 791-4674

CR2E037 (10/97)