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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90139 015 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740067

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

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/07/1977

22 City & State

27 City & State

4. FEI Number
59-2378008

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEINHAUSER, JOHN
3528 HIDDEN LAKE DR W
JACKSONVILLE FL 32216

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN LEINHAUSER TREASURER 6 Mar 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE
NAME LEINHAUSER, JOHN
STREET ADDRESS 3528 HIDDEN LAKE DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☒ DELETE
NAME WINTER, MIKE
STREET ADDRESS 3241 CLIPPER PLACE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DP
RICE, BILL
3507 HIDDEN LAKE DR. WEST
JACKSONVILLE FL 32216

TITLE DV ☒ DELETE
NAME RICE, BILL
STREET ADDRESS 3507 HIDDEN LAKE DR WEST
CITY-ST-ZIP JACKSONVILLE FL 32216

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DV
JENN ~~SOBER~~ SUBER
3402 SECRET COVE PLACE
JACKSONVILLE FL 32216

TITLE D ☒ DELETE
NAME GOOD, TIMOTHY
STREET ADDRESS 3516 BARQUENTINE ROAD
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
D.C. BOLDEN
3165 OLD PORT CIRCLE EAST
JACKSONVILLE FL 32216

TITLE DS ☐ DELETE
NAME TREMBLY, RUSSELL
STREET ADDRESS 8327 HIDDEN LAKE DR S
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ZUCKER, RON
STREET ADDRESS 3237 HIDDEN LAKE DR W
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
TOM WERN
8388 COMPASS ROSE DRIVE SOUTH
JACKSONVILLE FL 32216

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *John Leinhausen* 6 March 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)