2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90043 009 ****61.25

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1. Entity 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

401233063

07052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # : 1 SECRET COVE PL.
Suite, Apt. #, etc.:
City & State: JACKSONVILLE, FL.
Zip: 32216 Country: USA

3. Mailing Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-2378008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, WILLIAM G
3560 HIDDEN LAKE DRIVE E
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: HUGH A. DEVER
Street Address (P.O. Box Number is Not Acceptable): 8238 BATEAU Rd. S.
City: JACKSONVILLE FL Zip Code: 32216

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hugh A. Dever TREASURER, HUGH A. DEVER 7/7/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COURTNEY, WILLIAM G 3560 HIDDEN LAKE DR E JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES BAKER 3220 HIDDEN LAKE DR. E. JACKSONVILLE, FL. 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHEEK, BILL 3218 HIDDEN LAKE DRIVE W. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEARY, ROGER 3440 HIDDEN LAKE DR EAST JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, RONALD 3225 HIDDEN LAKE DR EAST JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KEN GRULA 8376 COMPASS ROSE DR. S.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISE, KAREN 3565 BATEAU ROAD E. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVER, HUGH A 8238 BATEAU ROAD S. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D HUGH A. DEVER 8238 BATEAU Rd. S. JACKSONVILLE, FL. 32216	☒ Change ☐ Addition

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information* indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugh A. Dever TREASURER, HUGH A. DEVER 7/7/07 (904)733-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #