

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90187 001 \*\*\*\*61.25

**DOCUMENT # 740067**

1. Entity 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

**55047326**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**KRIER, BARBARA**  
**3260 HIDDEN LAKE DRIVE E**  
**JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Barbara A. Krier*

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

(NOTE: Registered Agent signature required when reinstating)

**4-14-2003**

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE **DT** ☐ Delete  
NAME **KRIER, BARBARA**  
STREET ADDRESS **3260 HIDDEN LAKE DRIVE E**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DS** ☐ Delete  
NAME **DAUGHERTY, ROBERT**  
STREET ADDRESS **3545 COMPASS ROSE DRIVE EAST**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete  
NAME **COURTNEY, BILL**  
STREET ADDRESS **3560 HIDDEN LAKE DR E**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DV** ☐ Delete  
NAME **BOLDEN, D.C.**  
STREET ADDRESS **3165 OLD PORT CIRCLE EAST**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DP** ☐ Delete  
NAME **TREMBLY, RUSSELL**  
STREET ADDRESS **8327 HIDDEN LAKE DR S**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete  
NAME **SIMMONS, PAMELA**  
STREET ADDRESS **3444 HIDDEN LAKE DR W**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

**(904)**

**6/4/03 732-1853**