

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90036 016 ****61.25

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1. Entity Name
**SECRET HARBOR CLAY COUNTY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4213 COUNTRY RD. 218 SUITE 1
MIDDLEBURG, FL 32068**

Mailing Address
**P.O. BOX 949
MIDDLEBURG, FL 32050-0949**

400311



DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
26-4153154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELCOMYN, VINA C
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068**

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IN THIS SPACE**

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

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

VINA C. Delcomyn
(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EVESON, ELIZABETH
2708 SECRET HARBOR DR.
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
APPLIN, DAVID E
2611 HARBOR WINDS CT
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HARRELL, PATRICK E
2746 SECRET HARBOR DR.
ORANGE PARK, FL 32065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Elizabeth Evesson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #