

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009411

FILED  
Apr 12, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4213 COUNTRY RD. 218 SUITE 1  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 949  
MIDDLEBURG, FL 320500949

**New Mailing Address:**

**FEI Number:** 26-4153154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DELCOMYN, VINA C  
4213 COUNTY ROAD 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

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.

SIGNATURE:

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: EVESON, ELIZABETH  
Address: 2708 SECRET HARBOR DR.  
City-St-Zip: ORANGE PARK, FL 32065

Title: DP ( ) Delete  
Name: APPLIN, DAVID E  
Address: 2611 HARBOR WINDS CT  
City-St-Zip: ORANGE PARK, FL 32065

Title: DST ( ) Delete  
Name: HARRELL, PATRICK E  
Address: 2746 SECRET HARBOR DR.  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH EVESON

PRES

04/12/2007

Electronic Signature of Signing Officer or Director

Date