

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47566

1. Entity Name

SECRET COVE HOMEOWNERS' ASSOCIATION INC.

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 049 ****70.00

Principal Place of Business Mailing Address
P O Box 1166 P O Box 1166
Eaton Park FL 33840 Eaton Park FL 33840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3134250

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Don Nichols (deceased)
340 Crepe Myrtle Lane
Polk City FL 33868

Name

Carol Phelps

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

3310 Anchor Lane

City

Lakeland

FL

Zip Code
33801

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.

SIGNATURE

Carol Phelps *CAROL Phelps*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-23-2001

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	PD	Don Nichols	340 Crepe Myrtle Ln Polk City FL 33868	
	VPD	Beatrice Bootman	1019 Wildwood East Lakeland FL 33801	☐ Delete
	STD	Carol Phelps	3310 Anchor Lane Lakeland FL 33801	☐ Delete
	D	Donna Stark	2028 Dante St Lakeland FL 33801	☐ Delete
				☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Phelps *CAROL Phelps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-01

Date

863-665-3615

Daytime Phone #

CR2E034 (11/00)