2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N47566 04-17-2006 90406 004 ****61.25 SECRET COVE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1166 P.O. BOX 1166 50012523 EATON PARK, FL 33840 EATON PARK, FL 33840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 59-3134250 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHELPS, CAROL 3310 ANCHOR LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33801 City Zip Code 8. The above named entity Sibmits 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Fiorida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Addition Delete TITLE Change TITLE Ken Hutchins DESMOND, GARY NAME NAME 1002 Captiva Point Lakeland, FL 33801 3542 DOVETRAIL LANE N. STREET ADDRESS STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP STD X Addition TITLE Delete TITLE Change Donna Stark PHELPS, CAROL NAME NAME 2028 Dante St 3310 ANCHOR LANE STREET ADDRESS STREET ADDRESS LAKELAND, FL 33801 CITY-ST-ZIP Lakeland, FL 33801 CITY-ST-7IP VPD Change ■ Addition ☐ Delete TITLE TITLE Meyers, Gloria NAME MEYERS, GLORIA NAME 936 Captiva Point STREET ADDRESS 936 CAPTIVA POINT STREET ADDRESS LAKELAND, FL 33801 Lakeland, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME

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

STREET ADORESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

SIGNATURE: Carol Phelps

SIGNATURE AND TYPED OR P

<u>4/14/2006</u>

FILED

<u>(863) 666-152</u>5

Daytima Phone #