


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N47566	
1. Entity Name SECRET COVE HOMEOWNERS ASSOCIATION, INC.	
	
Principal Place of Business P.O. BOX 1166 EATON PARK, FL 33840	Mailing Address P.O. BOX 1166 EATON PARK, FL 33840



03252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3134250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PHELPS, CAROL 3310 ANCHOR LANE LAKELAND, FL 33801	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, KEN 1002 CAPTIVA PT LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHELPS, CAROL 3310 ANCHOR LANE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERS, GLORIA 938 CAPTIVA PT LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARK, DONNA 2028 DANTE ST LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Carol Phelps (Carol Phelps) 5-3-07 863 666-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #