

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90387 037 ****61.25

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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHELPS, CAROL
3310 ANCHOR LANE
LAKELAND FL 33801

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOOTMAN, BEATRICE	
STREET ADDRESS	1019 WILDWOOD EAST	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PHELPS, CAROL	
STREET ADDRESS	3310 ANCHOR LANE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WORMAN, GREG	
STREET ADDRESS	5323 VERANA COURT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WAITE, GLEN	
STREET ADDRESS	938 BUCCANEER DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY DESMOND	
STREET ADDRESS	3542 DOVETAIL LANE NORTH	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA MEYERS	
STREET ADDRESS	936 CAPTIVA POINT	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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* REQ CAROL Phelps 4/10/03 863 666-1525

CR2E037 (10/02)