


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90139 025 ***150.00

DOCUMENT # P04000067416	
1. Entity Name SECRET LAKE COMMUNITY DEVELOPERS, INC.	

Principal Place of Business 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	Mailing Address 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940
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50046876



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

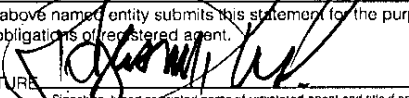
04282005 Chg-P CR2E034 (10/03)

4. FEI Number 201096633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent FRESE, GARY B 930 S HARBOR CITY BLVD STE 505 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Kush, Robert M. Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Road Suite 500 City Melbourne FL Zip Code 32940	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWAIN, LINDA 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KUSH, ROBERT M 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUESCHER, JON 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MITCHELL, KEN 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIGMUND, JAMES L 6767 N WICKHAM ROAD STE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Prince Frank R <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6767 N. Wickham Rd 500 Melbourne, FL 32940

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 shareholder or trustee empowered to execute this report as required by Chapter 607, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

ATTACHMENT

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Secret Lake Community Developers, Inc.

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Continuation of #11

Addition:

V
Buescher, Keith
6767 N. Wickham Road, Suite 500
Melbourne, FL 32940