

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03081

**Entity Name:** SECRET WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7405 SECRET WOODS DRIVE  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

7431 SECRET WOODS DRIVE  
JACKSONVILLE, FL 32216

**FEI Number:** 59-2550997

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLYNN, LAURIE  
7431 SECRET WOODS DRIVE  
JACKSONVILLE, FL 32216 US

*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:** LAURIE E. FLYNN

06/07/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLYNN, LAURIE  
Address        7405 SECRET WOODS DRIVE  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            FULTON, RICK  
Address        7356 SECRET WOODS DRIVE  
City-State-Zip: JACKSONVILLE FL 32216

Title            SECRETARY  
Name            LEE, REBECCA  
Address        7274 SECRET WOODS TRAIL  
City-State-Zip: JACKSONVILLE FL 32216

Title            TREASURER  
Name            MONTGOMERY, LINDA  
Address        3150 SECRET WOODS TRAIL W  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            COONEY, SKIP  
Address        3126 MISTY CREEK LANE  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            SEAY, CARTY  
Address        3145 SECRET WOODS TRAIL WEST  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            CAROCCIO, SANDY  
Address        3012 AUTUMN WOOD COURT  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURIE E. FLYNN

PRESIDENT

06/07/2023

Electronic Signature of Signing Officer/Director Detail

Date