

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18090** (3)  
1. Corporation Name  
**THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: C/O GAIL RAPPA, 3213 COPPER RIDGE CIRCLE, CANTONMENT FL 32533-4486  
Mailing Address: C/O GAIL RAPPA, 3213 COPPER RIDGE CIRCLE, CANTONMENT FL 32533-4486

3. Date Incorporated or Qualified: 12/05/1986  
3a. Date of Last Report: 02/16/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2953016	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAPPA, GAIL C. 3213 COPPER RIDGE CIRCLE CANTONMENT FL 32533		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BRYANT, REX	1.1 TITLE: PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3264 COPPER RIDGE CIR	CITY-ST-ZIP: CANTONMENT FL	1.2 NAME: Frederick, Paul	
		1.3 STREET ADDRESS: 3237 Copper Ridge Circle	
		1.4 CITY-ST-ZIP: Cantonment, FL 32533	
TITLE: VD	NAME: WATERS, KEITH	2.1 TITLE: SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3249 COPPER RIDGE CIRCLE	CITY-ST-ZIP: CANTONMENT FL	2.2 NAME: Curroll, Terry	
		2.3 STREET ADDRESS: 3233 Copper Ridge Circle	
		2.4 CITY-ST-ZIP: Cantonment, FL 32533	
TITLE: TD	NAME: RAPPA, GAIL	3.1 TITLE: same	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 3213 COPPER RIDGE CIRCLE	CITY-ST-ZIP: CANTONMENT FL	3.2 NAME: same	
		3.3 STREET ADDRESS: same	
		3.4 CITY-ST-ZIP: same	
TITLE: SD	NAME: SIMS, CELESTE	4.1 TITLE: VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 617 COPPER RIDGE DRIVE	CITY-ST-ZIP: CANTONMENT FL	4.2 NAME: Robinson Amanda	
		4.3 STREET ADDRESS: 3200 Windmill Circle	
		4.4 CITY-ST-ZIP: Cantonment, FL 32533	
TITLE: [ ]	NAME: [ ]	5.1 TITLE: [ ]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	5.2 NAME: [ ]	
		5.3 STREET ADDRESS: [ ]	
		5.4 CITY-ST-ZIP: [ ]	
TITLE: [ ]	NAME: [ ]	6.1 TITLE: [ ]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	6.2 NAME: [ ]	
		6.3 STREET ADDRESS: [ ]	
		6.4 CITY-ST-ZIP: [ ]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gail C. Rappa* Gail C. Rappa 3-24-96 (904) 478-2153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)