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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32533-6509
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/05/1986	3a. Date of Last Report 04/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2953016	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAPPA, GAIL C. 3213 COPPER RIDGE CIRCLE CANTONMENT FL 32533	10. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, PAUL 0207 COPPER RIDGE CIRCLE CANTONMENT FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Femrite, Michael (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3224 Copper Ridge Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, TERRY 0233 COPPER RIDGE CIRCLE CANTONMENT FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD Robinson, Amanda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 Windmill Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAPPA, GAIL 3213 COPPER RIDGE CIRCLE CANTONMENT FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, AMANDA 0200 WINDMILL CIRCLE CANTONMENT FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Bryant, Rex <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3264 Copper Ridge Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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* 3-9-97 2011 1011 211

CRZE037 (9/96)