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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 N, INC.



Principal Place of Business Mailing Address
C/O GAIL RAPPA Nancy Femrite
3224 PETS COPPER RIDGE CIRCLE
CANTONMENT FL 32533-4486

3. Date Incorporated or Qualified
12/05/1986
4. FEI Number
59-2953016
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 C/O James Wright 26 C/O James Wright
Sulte, Apt. #, etc. Sulte, Apt. #, etc.
22 3276 Copper Ridge Cir 27 3276 Copper Ridge Cir
City & State City & State
23 Cantonment FL 28 Cantonment FL
Zip Country Zip Country
24 32533 25 Escambia 29 32533 30 Escambia

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 - Fillmore Arlow Wright, JAMES B.
82 Street Address (P.O. Box Number is Not Acceptable)
3240 Windmill Circle
83 3276 Copper Ridge Cir
84 City CANTONMENT FL 85 Zip Code 32533

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 James B. Wright DATE 4/13/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FEMRITE, MICHAEL	
STREET ADDRESS	3224 COPPER RIDGE CIRCLE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, AMANDA	
STREET ADDRESS	3200 WINDMILL CIRCLE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAPPA, GAIL	
STREET ADDRESS	3213 COPPER RIDGE CIRCLE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, REX	
STREET ADDRESS	3264 COPPER RIDGE CIRCLE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WRIGHT, James	
1.3 STREET ADDRESS	3276 Copper Ridge Circle	
1.4 CITY-ST-ZIP	CANTONMENT FL 32533	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WESTMARK, RICHARD	
2.3 STREET ADDRESS	3212 Windmill Circle	
2.4 CITY-ST-ZIP	CANTONMENT FL 32533	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FILLMORE, ARLON	
3.3 STREET ADDRESS	3240 Windmill Circle	
3.4 CITY-ST-ZIP	CANTONMENT FL 32533	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEELY, JEFF	
4.3 STREET ADDRESS	3289 Copper Ridge Circle	
4.4 CITY-ST-ZIP	CANTONMENT FL 32533	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 Michael D Femrite MICHAEL D FEMRITE
NANCY J FEMRITE 4-2-98 55-474-6431

CR2E037 (10/97)

DEP. \$61.25