

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18090

FILED
Mar 22, 2011
Secretary of State

Entity Name: THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

621 COPPER RIDGE DR.
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

621 COPPER RIDGE DR.
CANTONMENT, FL 32533 US

New Mailing Address:

PO BOX 384
GONZALEZ, FL 32560 US

FEI Number: 59-2953016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMITT, GARY
621 COPPER RIDGE DR.
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SUMMITT, GARY
Address: 621 COPPER RIDGE DR.
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP
Name: SMITH, KAREN
Address: 3269 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533 US

Title: T/S
Name: SMITH, KAREN
Address: 3269 COPPER RIDGE CIR
City-St-Zip: CANTONMENT, FL 32533 US

Title: D
Name: RAPPA, GAIL
Address: 3213 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT, FL 32533 US

Title: D
Name: ELLIOTT, RON
Address: 3292 COPPER RIDGE CIR
City-St-Zip: CANTONMENT, FL 32533 US

Title: D
Name: GOULD, TERRY
Address: 3277 COPPER RIDGE CIRCLE
City-St-Zip: CANTONMENT., FL 32533 US

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: GARY SUMMITT

PRES

03/22/2011

Electronic Signature of Signing Officer or Director

Date