


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39747</b>	
1. Entity Name COPPER HILL FOUR HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 26707 JACKSONVILLE, FL 32226 US	Mailing Address PO BOX 26707 JACKSONVILLE, FL 32226 US
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3045884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TATE, JOSEPH  
5973 COPPER CREEK DR  
JACKSONVILLE, FL 32218

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000079818 03/08/04-80084-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TATE, JOSEPH 5973 COPPER CREEK DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILSON, ELLIS 5948 COPPER CREEK DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS COOK, EMILY E 5989 COPPER CREEK DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Tate March 5, 2004 904-765-3746