

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2004  
Secretary of State**

DOCUMENT# N99000002388

Entity Name: COPPERGATE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2215 EAST SR 200  
YULEE, FL 32097

**New Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 320411987

**New Mailing Address:**

FEI Number: 59-3570387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POWELL, TERRELL J  
2215 EAST SR 200  
YULEE, FL 32097

**Name and Address of New Registered Agent:**

POWELL, TERRELL J  
463499 STATE ROAD 200  
YULEE, FL 32097

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: \_\_\_\_\_ Date: 04/22/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MATOVINA, GREGORY E  
Address: 2955 HARTLEY ROAD, SUITE 108  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVPT ( ) Delete  
Name: BORSTEIN, DONALD K  
Address: 2955 HARTLEY ROAD, SUITE 108  
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS ( ) Delete  
Name: MATOVINA, LESLIE H  
Address: 2955 HARTLEY ROAD, SUITE 108  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY E MATOVINA      DP      04/22/2004  
Electronic Signature of Signing Officer or Director      Date