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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29455 (5)

1. Corporation Name

COPPER HILL OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5800 COPPER HILL LANE  
BOX 4  
JACKSONVILLE FL 32218  
US

5800 COPPER HILL LANE  
BOX 4  
JACKSONVILLE FL 32218-7312

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

PAGE, ELLEN  
10885 COPPER HILL DR  
JACKSONVILLE FL 32218

3. Date Incorporated or Qualified  
01/28/1988

3a. Date of Last Report  
04/08/1996

4. FEI Number  
59-2956506

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 *Jaqueline Smith*

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *March 12, 1997*

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAGE, ELLEN  
STREET ADDRESS 10885 COPPER HILL DR  
CITY-ST-ZIP JACKSONVILLE FL 32118 ☒ DELETE

TITLE VD  
NAME BRANCH, LARRY  
STREET ADDRESS 10934 COPPER HILL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ DELETE

TITLE TD  
NAME SMITH, JACQUELINE  
STREET ADDRESS 5736 COPPER HILL LANE E  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Smith, Jacqueline  
1.3 STREET ADDRESS 5736 COPPER HILL LANE E  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32218

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Cecilio Brown  
2.3 STREET ADDRESS 5824 Miners Point Court  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32218

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME Linda Stanfield  
3.3 STREET ADDRESS 10866 COPPER HILL DRIVE  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32218

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Joann Atkins  
4.3 STREET ADDRESS 11052 COPPER HILL DRIVE  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32218

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)