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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000542 (0)**

1. Corporation Name

COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.

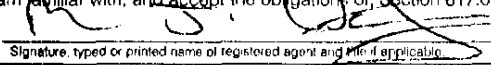


Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 2955 PINEDA CSWY. Suite, Apt. #, etc. 22 SUITE 117 City & State 23 MELBOURNE FL Zip 24 32940 Country 25 USA		2a. Mailing Address 26 2955 PINEDA CSWY. Suite, Apt. #, etc. 27 SUITE 117 City & State 28 MELBOURNE, FL Zip 29 32940 Country 30 USA		3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report 04/09/1996
		4. FEI Number 59-3261610		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HART, JAMES W JR % SENTRY MANAGEMENT INC. 2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779-5044				10. Name and Address of New Registered Agent 81 Name MORRIS J. WATSKY 82 Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AV 83 84 City MIAMI FL 85 Zip Code 33172	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MRKVICKA, JODY 2955 PINEDA CAUSEWAY #117 MELBOURNE FL 32940 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEBB, MICHAEL 2955 PINEDA CAUSEWAY #117 MELBOURNE FL 32940 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOSHE, DONNA 2955 PINEDA CAUSEWAY #117 MELBOURNE FL 32940 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)