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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29455 (5)
1. Corporation Name
COPPER HILL OWNERS ASSOCIATION, INC.



Principal Place of Business 5800 COPPER HILL LANE BOX 4 JACKSONVILLE FL 32218 US	Mailing Address 5800 COPPER HILL LANE BOX 4 JACKSONVILLE FL 32218
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3. Date Incorporated or Qualified 01/28/1988
4. FEI Number 59-2956506
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAGE, ELLEN
10885 COPPER HILL DR
JACKSONVILLE FL 32218**

81 Name Frederick L. Brown
82 Street Address (P.O. Box Number is Not Acceptable) 10987 Copper Hill Drive
83 City Jacksonville
84 State FL
85 Zip Code 32218

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 *Frederick L. Brown* DATE **3/18/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SMITH, JACQUELINE	1.1 TITLE PD	NAME Frederick L. Brown
STREET ADDRESS 5736 COPPER HILL LANE E.	CITY-ST-ZIP JACKSONVILLE FL	1.2 STREET ADDRESS 10987 Copper Hill Drive	1.3 CITY-ST-ZIP Jacksonville, FL 32218
TITLE VD	NAME BROWN, CECILIO	2.1 TITLE VD	NAME Rosemary Williams
STREET ADDRESS 5824 MINERS POINT COURT	CITY-ST-ZIP JACKSONVILLE FL	2.2 STREET ADDRESS 5824 Miners Point Court	2.3 CITY-ST-ZIP Jacksonville, FL 32218
TITLE SD	NAME STANFIELD, LINDA	3.1 TITLE	NAME
STREET ADDRESS 10886 COPPER HILL DRIVE	CITY-ST-ZIP JACKSONVILLE FL	3.2 STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME ATKINS, JOANN	4.1 TITLE TD	NAME Arlinda Brown
STREET ADDRESS 11057 COPPER HILL DRIVE	CITY-ST-ZIP JACKSONVILLE FL	4.2 STREET ADDRESS 5824 Miners Point Court	4.3 CITY-ST-ZIP Jacksonville, FL 32218
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	CITY-ST-ZIP

14. 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 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.

SIGNATURE: *Jacqueline Smith* *Jacqueline Smith* DATE **3/27/98**

CR2E037 (10/97)