

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90147 043 ****70.00

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DOCUMENT # N29455

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

2. Principal Place of Business

21 P O Box 28526
Suite, Apt. #, etc.

2a. Mailing Address

26 P O Box 28526
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/28/1988

4. FEI Number

59-2956506

Applied For

Not Applicable

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

24 32226-8526 25

29 32226-8526 30

9. Name and Address of Current Registered Agent

BROWN, FREDERICK L
10987 COPPER HILL DRIVE
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

Jacqueline D. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

5736 Copper Hill Lane East

83

84 City

Jacksonville

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

Jacqueline D. Smith President

2/5/98

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETENAME BROWN, FREDERICK L
STREET ADDRESS 10987 COPPER HILL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218TITLE VD ☒ DELETENAME WILLIAMS, ROSEMARY
STREET ADDRESS 5817 MINERS POINT COURT
CITY-ST-ZIP JACKSONVILLE FL 32218TITLE SD ☒ DELETENAME STANFIELD, LINDA
STREET ADDRESS 10866 COPPER HILL DRIVE
CITY-ST-ZIP JACKSONVILLE FLTITLE TD ☒ DELETENAME BROWN, ARINITA
STREET ADDRESS 5824 MINERS POINT COURT
CITY-ST-ZIP JACKSONVILLE FL 32218TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME Jacqueline D Smith.
1.3 STREET ADDRESS 5736 Copper Hill Lane East
1.4 CITY-ST-ZIP Jacksonville, FL 322182.1 TITLE VD ☒ Change ☐ Addition2.2 NAME Henry Jones
2.3 STREET ADDRESS 10884 Krugerrand Lane
2.4 CITY-ST-ZIP Jacksonville, FL 322183.1 TITLE SD ☒ Change ☐ Addition3.2 NAME Linda Rahman
3.3 STREET ADDRESS 10866 Copper Hill Drive
3.4 CITY-ST-ZIP Jacksonville, FL 322184.1 TITLE TD ☒ Change ☐ Addition4.2 NAME Lillian Reid
4.3 STREET ADDRESS 10860 Copper Hill Drive
4.4 CITY-ST-ZIP Jacksonville, FL 322185.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE

Jacqueline D. Smith 2/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)