

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90006 019 ****61.25

DOCUMENT # N94000000542

1. Entity Name
COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~2055 PINEDA CSWY~~
~~SUITE 117~~
~~MELBOURNE FL 32940~~
~~US~~

200 N 1ST STREET
COCOA BEACH FL 32931-2924
US

2. Principal Place of Business 3. Mailing Address

200 North First St

Suite, Apt. #, etc.

City & State City & State

Cocoa Beach FL

Zip Country Zip Country

32931 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3261610 Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~WATSKY, MORRIS J~~
~~700 NW 107TH AVE~~
~~MIAMI FL 33172~~

Name **Marilyn A. Rigerman**

Street Address (P.O. Box Number is Not Acceptable) **200 North First Street**

City **Cocoa Beach** FL Zip Code **32931**

8. 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 **Marilyn A. Rigerman** DATE **5-29-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. ☐

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, RUTH 2955 PINEDA CAUSEWAY #117 MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harry Clay 1807 Abbeyridge Drive Merritt Island FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOPR, JAMES 637 HEATHERSTONE DR MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STORM, CHARLOTTE 2955 PINEDA CAUSEWAY #117 MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Eleanor Keller 676 Heather Stone Drive Merritt Island FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JAMES 2955 PINEDA CSWY #117 MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James DeVault 1990 Worchester Way Merritt Island FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Loshe 616 Heather Stone Drive Merritt Island FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #