

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90573 003 \*\*\*\*70.00

0012643

**DOCUMENT # N29455**

1. Entity Name

**COPPER HILL OWNERS ASSOCIATION, INC.**

Principal Place of Business

P O BOX 28526  
JACKSONVILLE FL 32226-852  
US

Mailing Address

P O BOX 28526  
JACKSONVILLE FL 32226-852  
US

920248



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-2956506

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JACQUELINE D  
5736 COPPER HILL LN E  
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Jacqueline D. Smith*  
Signature typed or printed name of registered agent and title if applicable.*Jacqueline D. Smith*  
(NOTE: Registered Agent signature required when reinstating)*2/5/01*  
DATE**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH, JACQUELINE D  
STREET ADDRESS 5736 COPPER HILL LN E  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DeleteTITLE SD  
NAME RAHMAN, LINDA  
STREET ADDRESS 10866 COPPER HILL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ DeleteTITLE TD  
NAME BROWN, ARINITA  
STREET ADDRESS 5824 MINERS POINT CT  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD  
NAME Joann Atkins  
STREET ADDRESS 11057 Copper Hill Drive  
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ AdditionTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Jacqueline D. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*2/5/01*  
Date

Daytime Phone #

Daytime Phone #

CR2E037 (10/00)