

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90010 031 \*\*\*\*61.25

0013900

**DOCUMENT # N94000000542**

1. Entity Name

**COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**20 NORTH FIRST STREET  
 COCOA BEACH FL 32931  
 US**

**200 N 1ST STREET  
 COCOA BEACH FL 32931  
 US**

2. Principal Place of Business

3. Mailing Address

**110 Polk Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 4**

City & State

City & State

**Cape Canaveral, FL**

4. FEI Number

**59-3261610**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32920**

**US**

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

**RIGERMAN, MARILYN A  
 200 NORTH FIRST STREET  
 COCOA BEACH FL 32931**

Name

**Studholme, Lesley K.**

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

**110 Polk Ave. #4**

City

**Cape Canaveral,**

**FL**

**32920**

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

*[Signature]*

**Lesley K. Studholme, Manager**

**3-7-02**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD COOPR, JAMES 637 HEATHERSTONE DR MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CLAY, HARRY 1807 ABBEYRIDGE DRIVE MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SMITHSON, KAREN 624 HEATHERSTONE DRIVE MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOSHE, TOM 616 HEATHER STONE DRIVE MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Eleanor Keller 676 Heather Stone Dr. Merritt Island, FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Steve Saretsky 685 Heather Stone Dr. Merritt Island, FL 32953</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/8/2002**  
 Date

Daytime Phone #

CR2E037 (9/01)