

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90041 029 ****61.25

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1. Entity Name

COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

110 POLK AVENUE
SUITE #4
CAPE CANAVERAL FL 32920
US

Mailing Address

110 POLK AVENUE
SUITE #4
CAPE CANAVERAL FL 32920
US

54027668



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3261610

Applied For

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

**STUDHOLME, LESLEY K
110 POLK AVE
SUITE #4
CAPE CANAVERAL FL 32920**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COOPR, JAMES
STREET ADDRESS 637 HEATHERSTONE DR
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☒ Delete
NAME CLAY, HARRY
STREET ADDRESS 1807 ABBEYRIDGE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DT ☒ Delete
NAME SCHMIDT, JOHN
STREET ADDRESS 2127 HEDGEROW DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VPD ☒ Delete
NAME NEFF, GARY
STREET ADDRESS 2100 HEDGEROW DR.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DT ☐ Delete
NAME SARETSKY, STEVE
STREET ADDRESS 685 HEATHER STONE DR
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Raymond McDermott
STREET ADDRESS 1955 Worchester Way
CITY-ST-ZIP Merritt Island, FL 32953

TITLE SD ☐ Change ☒ Addition
NAME Eleanor Keller
STREET ADDRESS 676 Heather Stone
CITY-ST-ZIP Merritt Island, FL 32953

TITLE VPD ☐ Change ☒ Addition
NAME Ernest Christopher Brogan
STREET ADDRESS 1816 Abbeyridge Dr.
CITY-ST-ZIP Merritt Island, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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. I am an officer or director of the corporation or the receiver or the receiver's designee and I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steve Saretsky **STEVE SARETSKY**

4/2/04

321-54-0930
800-669-1328