2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29455

FILED Apr 28, 2005 Secretary of State

Entity Name: COPPER HILL OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 28526

JACKSONVILLE, FL 32226-852 US

Current Mailing Address: New Mailing Address:

P O BOX 28526

JACKSONVILLE, FL 32226-852 US

FEI Number: 59-2956506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, HENRY PHILYAW, NATHAN 10884 KRUGERRAND LN 10891 KRUGERRAND LN

JACKSONVILLE, FL 32218 US JACKSONVILLE, FL 32218 US

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: NATHAN PHILYAW 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change() Addition

 Name:
 SMITH, JACQUELINE D
 Name:

 Address:
 5736 COPPER HILL LN E
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 ATKINS, JOANN
 Name:

 Address:
 11057 COPPER HILL DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 JONES, HENRY
 Name:
 PHILYAW, NATHAN

 Address:
 10884 KRUGERRAND LN
 Address:
 10891 KRUGERRAND LN

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: VD () Delete Title: VD (X) Change () Addition

Name:LIPTROT, JOSEPHName:TOLLIVER, NATHANIELAddress:10890 KRUGERRAND LNAddress:10872 COPPER HILL DRIVECity-St-Zip:JACKSONVILLE, FL 32218City-St-Zip:JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE D SMITH TD 04/28/2005