

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90196 048 ****61.25

DOCUMENT # N94000000542

1. Entity Name

COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**110 POLK AVENUE
SUITE 4
CAPE CANAVERAL FL 32920
US**

60014803

2. Principal Place of Business

110 Polk Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #4

City & State

Cape Canaveral, FL

City & State

Zip

32920

Country

US

Zip

Country

4. FEI Number **59-3261610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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)

3-19-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOPR, JAMES	
STREET ADDRESS	637 HEATHERSTONE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAY, HARRY	
STREET ADDRESS	1807 ABBEYRIDGE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITHSON, KAREN	
STREET ADDRESS	624 HEATHERSTONE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KELLER, ELEANOR	
STREET ADDRESS	676 HEATHER STONE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARETSKY, STEVE	
STREET ADDRESS	685 HEATHER STONE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Schmidt	
STREET ADDRESS	2127 Hedgerow Dr.	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Neff	
STREET ADDRESS	2100 Hedgerow Dr.	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 REQUIRED

3-19-03 321-799-3889