

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90037 025 *****70.00

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

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 **59-2956506**

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
Henry Jones
Street Address (P.O. Box Number is Not Acceptable)
10884 Krugerrand Lane
Jacksonville **FL** **32218**

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 **HENRY JONES**

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

(If E 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACQUELINE D	
STREET ADDRESS	5736 COPPER HILL LN E	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, JOANN	
STREET ADDRESS	11057 COPPER HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ARINITA	
STREET ADDRESS	5824 MINERS POINT CT	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Henry Jones	
STREET ADDRESS	10884 Krugerrand Lane	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH Liptrot	
STREET ADDRESS	10890 Krugerrand Lane	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacqueline Smith	
STREET ADDRESS	5736 COPPER HILL Lane E	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joann Atkins	
STREET ADDRESS	11057 COPPER HILL DRIVE	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		<input 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		

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 Smith** **April 25, 2003**

CR2E037 (10/02)