

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18090

Entity Name: THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**621 COPPER RIDGE DR.
CANTONMENT, FL 32533**Current Mailing Address:**PO BOX 384
GONZALEZ, FL 32560 US**FEI Number: 59-2953016****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUMMITT, GARY
621 COPPER RIDGE DR
CANTONMENT, FL 32533 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: GARY SUMMITT

03/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRES
Name SUMMITT, GARY
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title VP
Name VANN, JIMMY
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title TREASURER
Name SMITH, KAREN
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title D
Name PIETERS, CHRIS
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title D
Name HAMILTON, KERRA
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title D
Name PARKER, JODY
Address PO BOX 384
City-State-Zip: GONZALEZ FL 32560Title SECRETARY
Name JENKINS, KELLY
Address P. O. BOX 384
City-State-Zip: GONZALEZ FL 32560

I hereby 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 all other like empowered.

SIGNATURE: KAREN SMITH

TREASURER

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date