

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000002388

**Entity Name:** COPPERGATE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097

**Current Mailing Address:**

P O BOX 1987  
YULEE, FL 32041 US

**FEI Number:** 59-3570387

**Certificate of Status Desired:** No

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

PROPERTY MANAGEMENT SYSTEMS INC  
463499 STATE ROAD 200  
YULEE, FL 32097 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name BRELAND, TROY  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title VPD  
Name FERRELL, NANCY  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title SD  
Name MORRISON, ANDREA  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title TD  
Name GONZALEZ, LAURA  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

Title D  
Name TOSTO, ALEXANDER  
Address P O BOX 1987  
City-State-Zip: YULEE FL 32041

*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:** TROY BRELAND

PD

05/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date