

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759734** (7)
1. Corporation Name
COOPERSMITH VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **600 HUNTER CIRCLE KISSIMMEE FL 34758**
Mailing Address: **600 HUNTER CIRCLE KISSIMMEE FL 34758**

3. Date Incorporated or Qualified: **08/21/1981**
3a. Date of Last Report: **02/23/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
				59-2224135	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip Country	Zip Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
KELLY, FRANK 467 HUNTER CIRCLE KISSIMMEE FL 34758				81	Name			Frazzano, Michael W.
				82	Street Address (P.O. Box Number is Not Acceptable)			445 HUNTER Circle
				83				
				84	City		Kissimmee	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Michael W. Frazzano* — **Michael W. Frazzano, President** April 2, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	P D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRAZZANO, MIKE			1.2 NAME	Frazzano, Michael W.		
STREET ADDRESS	445 HUNTER CIRCLE			1.3 STREET ADDRESS	445 Hunter Circle		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP	Kissimmee, FL		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORFAN, LOUIS			2.2 NAME			
STREET ADDRESS	555 HUNTER CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, FRANK			3.2 NAME			
STREET ADDRESS	467 HUNTER CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEMPNER, RICHARD D.			4.2 NAME			
STREET ADDRESS	475 HUNTER CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PACKARD, RICHARD M.			5.2 NAME			
STREET ADDRESS	418 HUNTER CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Robarge, Robert G.		
STREET ADDRESS				6.3 STREET ADDRESS	501 Hunter Circle		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Kissimmee, FL		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael W. Frazzano* **Michael W. Frazzano, President, April 2, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)