

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90116 011 \*\*\*\*61.25

**DOCUMENT # 759734**

1. Entity Name

**COOPERSMITH VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**600 HUNTER CIRCLE  
 KISSIMMEE FL 34758**

**600 HUNTER CIRCLE  
 KISSIMMEE FL 34758-3335**

000110JU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2224135**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRAZZANO, MICHAEL W  
 445 HUNTER CIRCLE  
 KISSIMMEE FL 34758**

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.

SIGNATURE

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

(NOTE: 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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZZANO, MICHAEL W</b>	NAME	
STREET ADDRESS	<b>445 HUNTER CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ORFAN, LOUIS</b>	NAME	<b>WEBB, CHARLES</b>
STREET ADDRESS	<b>555 HUNTER CIRCLE</b>	STREET ADDRESS	<b>399 HUNTER CIRCLE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	CITY-ST-ZIP	<b>KISSIMMEE, FL 34758</b>
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBARGE, ROBERT G</b>	NAME	
STREET ADDRESS	<b>501 HUNTER CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMPNER, RICHARD D.</b>	NAME	
STREET ADDRESS	<b>475 HUNTER CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PACKARD, RICHARD M.</b>	NAME	<b>LANGEN, CHARLES</b>
STREET ADDRESS	<b>418 HUNTER CIRCLE</b>	STREET ADDRESS	<b>457 HUNTER CIRCLE</b>
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	CITY-ST-ZIP	<b>KISSIMMEE, FL 34758</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Richard D Kempner* **RICHARD D KEMPNER**

1/12/2000 (407) 933-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #