

FILED
Jul 27, 2005 8:00 am
Secretary of State

03-07-2005 90258 007 ****61.25

ANNUAL REPORT
DOCUMENT # 789734
 1. Entity Name
COOPERSMITH VILLAGE HOMEOWNERS ASSOCIATION, INC.



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

66025091



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 4. FBI Number 59-2224135 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NASH, EDWARD T
 7 1/2 W DARLINGTON AVENUE
 KISSIMMEE FL 34741
 7. Name and Address of New Registered Agent
 Name Coamey & Clark PA.
 Street Address (P.O. Box Number is Not Acceptable)
 2699 Lee Road, Ste 430
 City Winter Park FL Zip Code 32789

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 [Signature] DATE 7/20/05
 (NOTE: Registered Agent signature required when registering)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 10. Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OMTC MENDOZA, IRENE 425 HUNTER CIRCLE KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President DENISE WEISMAN 528 HUNTER CIRCLE KISSIMMEE FL 34758 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD POGUE, BARBARA 495 HUNTER CIRCLE KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD FLOORNEY, SANDRA 487 HUNTER CIRCLE KISSIMMEE FL 34758 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LEFTON, CARL 525 HUNTER CIRCLE KISSIMMEE FL 34758 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JORDAN, ROBERT 479 HUNTER CIRCLE KISSIMMEE FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	NASH, EDWARD T 7 W DARLINGTON AVE KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Coamey, Edward F. 2699 Lee Road, Ste 430 Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE 03/31/05 PHONE 707-953-1331
 SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR Date Daytime Phone #