


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90023 001 ****61.25

DOCUMENT # 759734

1. Entity Name
COOPERSMITH VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**600 HUNTER CIRCLE
 KISSIMMEE, FL 34758**

Mailing Address
**600 HUNTER CIRCLE
 KISSIMMEE, FL 34758**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



07052006 Chg-NP CR2E037 (4/06)

4. FEI 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

**COAMEY & CLARK, P.A.
 2699 LEE ROAD, STE 430
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DMTC MENDOZA, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	425 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE NAME	SD POGUE, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	495 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE NAME	VP WEISMAN, DENISE	<input type="checkbox"/> Delete
STREET ADDRESS	521 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE NAME	T JORDAN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	479 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE NAME	D COAMEY, EDWARD F	<input type="checkbox"/> Delete
STREET ADDRESS	2699 LEE ROAD, STE 430	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TREASURER IRENE MENDOZA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	425 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PRESIDENT DENISE WEISMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	521 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VP SANDRA FLOURNOY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	497 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brian E Pogue **7/6/06 (407-933-1331)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #