


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 040 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2224135	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIBAUT, FERDINAND		NAME	Anthony Barongi	
STREET ADDRESS	569 HUNTER CIRCLE		STREET ADDRESS	465 Hunter Circle	
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POGUE, BARBARA		NAME	Stephanie Honore'	
STREET ADDRESS	495 HUNTER CIRCLE		STREET ADDRESS	831 Adour Drive	
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISMAN, DENISE		NAME	Anna M. Johnston	
STREET ADDRESS	528 HUNTER CIRCLE		STREET ADDRESS	501 Hunter Circle	
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COAMEY, EDWARD F		NAME	Marina Milito	
STREET ADDRESS	2699 LEE ROAD, STE 430		STREET ADDRESS	473 Hunter Circle	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Kissimmee, FL 34758	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROURNOY, SANDRA		NAME	Sandra Flournoy	
STREET ADDRESS	497 HUNTER CIRCLE		STREET ADDRESS	497 Hunter Circle	
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP	Kissimmee, FL 34758	
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 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: <i>x Anthony Barongi</i>			Date: <i>4/22/08</i> Daytime Phone #: <i>407 933-5569</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		