

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90066 049 ****61.25

0094894

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

**NASH, EDWARD J
7 1/2 W EARLINGTON AVENUE
KISSIMMEE FL 34741**

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 _____

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	FRAZZANO, MICHAEL W	
STREET ADDRESS	445 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POGUE, BARBARA	
STREET ADDRESS	495 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENHAM, KITTY	
STREET ADDRESS	559 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEFTON, CARL	
STREET ADDRESS	525 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, ROBERT	
STREET ADDRESS	479 HUNTER CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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: *Michael Frazzano* **FEES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

(407) 933-1331

CR2E037 (10/02)