

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 2005
Secretary of State

DOCUMENT# 769002

Entity Name: COPPERFIELD HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1113 BLOODWORTH LN.
PENSACOLA, FL 32504**New Principal Place of Business:**1101 BLOODWORTH LN.
PENSACOLA, FL 32504**Current Mailing Address:**P.O. BOX 11663
PENSACOLA, FL 32504**New Mailing Address:****FEI Number:** 59-2319882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GODINEZ, RICHARD
1113 BLOODWORTH LN.
PENSACOLA, FL 32504 US**Name and Address of New Registered Agent:**DOREMUS, PATRICK
1109 BLOODWORTH LN.
PENSACOLA, FL 32504 US

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: PATRICK DOREMUS

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: GODINEZ, RICHARD
Address: 1113 BLOODWORTH LN.
City-St-Zip: PENSACOLA, FL 32504**Title:** TD () Delete
Name: GODINEZ, JANET
Address: 1113 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504**Title:** VD () Delete
Name: VIA, CONNIE
Address: 1123 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504**Title:** SD () Delete
Name: JEFFRIES, ANN
Address: 1125 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SCOTT, MARY
Address: 1111 BLOODWORTH LN.
City-St-Zip: PENSACOLA, FL 32504**Title:** TD (X) Change () Addition
Name: DOREMUS, PATRICK
Address: 1109 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** SD (X) Change () Addition
Name: TEALS, ROSLYN
Address: 1117 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DOREMUS

TD

04/25/2005

Electronic Signature of Signing Officer or Director

Date