2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# 769002

Entity Name: COPPERFIELD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1101 BLOODWORTH LN.
PENSACOLA, FL 32504

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOREMUS, PATRICK
1109 BLOODWORTH LN.
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCOTT, MARY
Address: 1111 BLOODWORTH LN.
City-St-Zip: PENSACOLA, FL 32504

Title: TD ( ) Delete
Name: DOREMUS, PATRICK
Address: 1109 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: TEALS, ROSLYN
Address: 1117 BLOODWORTH LANE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TERRY, MCMICHAEL
Address: 1115 BLOODWORTH LN.
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 07/11/2006

Electronic Signature of Signing Officer or Director — Date