

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 18 AM 11:22

DOCUMENT # 769002 1. Entity Name COPPERFIELD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1101 BLOODWORTH LN. PENSACOLA, FL 32504				Mailing Address P.O. BOX 11663 PENSACOLA, FL 32504	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <u>908 Gardangate Circle</u> Suite, Apt. #, etc.			
City & State City <u>Pensacola</u> State <u>FL</u>		4. FEI Number 59-2319882		Applied For <input type="checkbox"/> Not Applicable	
Zip <u>32504</u>		Country <u>Escambia</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMICHAEL, TERRY 1115 BLOODWORTH LN. PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name <u>Ray O. Etheridge</u> Street Address (P.O. Box Number is Not Acceptable) <u>908 Gardangate Circle</u> City <u>Pensacola</u> State <u>FL</u> Zip Code <u>32504</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>Sept. 15, 2009</u>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, MCMICHAEL 1115 BLOODWORTH LN. PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gorman, Trenton 429 Crestview Lane Parsons, KS 67357	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMICHAEL, TERRY 1115 BLOODWORTH LANE PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Perry Lacy 1131 Bloodworth Lane Pensacola, FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIA, CONNIE 1123 BLOODWORTH LANE PENSACOLA, FL 32504	<input type="checkbox"/> Delete	100160812171 09/18/09--01032--005 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEALS, ROSLYN 1117 BLOODWORTH LANE PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Connie Via, Vice Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9-15-09</u> ⁴⁵⁹ Daytime Phone # <u>9484-2611</u>		

REINSTATEMENT 08-09 KS