

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90560 037 \*\*\*150.00

**DOCUMENT # F04000001541**

1. Entity Name  
COPPENBARGER COMMUNITIES, INC.



Principal Place of Business  
7700 SQUARE LAKE BLVD.  
JACKSONVILLE, FL 32256

Mailing Address  
15326 ALTON PARKWAY  
IRVINE, CA 92618



04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0302127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME COPPENBARGER, RONNIE D  
STREET ADDRESS 7700 SQUARE LAKE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VST  
NAME JACKSON, WOLFE  
STREET ADDRESS 7700 SQUARE LAKE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V  
NAME STEPHENS, IDA LOU  
STREET ADDRESS 7700 SQUARE LAKE BLVD.  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ASD  
NAME SCARBOROUGH, STEPHEN J  
STREET ADDRESS 15326 ALTON PARKWAY  
CITY-ST-ZIP IRVINE, CA 92618

TITLE DAT  
NAME PARNES, ANDREW H  
STREET ADDRESS 15326 ALTON PARKWAY  
CITY-ST-ZIP IRVINE, CA 92618

TITLE D  
NAME CORTNEY, MICHAEL C  
STREET ADDRESS 15326 ALTON PARKWAY  
CITY-ST-ZIP IRVINE, CA 92618

**DO NOT WRITE  
IN THIS SPACE**

12. 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 607, 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.

**Clay A. Halvorsen**  
Assistant Secretary

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05  
Date

949  
189-1608  
Daytime Phone #