

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000121064

1. Entity Name

COPPER RIDGE RETREAT, LLC.



Principal Place of Business

24239 YACHT CLUB BLVD
PUNTA GORDA, FL 33955

Mailing Address

24239 YACHT CLUB BLVD
PUNTA GORDA, FL 33955



02072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3970526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, J DAVID EA
2511 VASCO ST
STE 115
PUNTA GORDA, FL 33950

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GOFF, CAROL
STREET ADDRESS 24239 YACHT CLUB BLVD
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE MGR
NAME HELINSKI, PHILIP J
STREET ADDRESS 29 CLIFFORD ST
CITY-ST-ZIP BUFFALO, NY 14210

TITLE MGRM
NAME WESTBY, DENNIS P
STREET ADDRESS 9140 BURNT STONE ROAD
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE MGRM
NAME WESTBY, JOHN A
STREET ADDRESS 8132 RIVERSIDE DR
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE MGRM
NAME WESTBY, DISA C
STREET ADDRESS 2444 MARK AVE
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE MGRM
NAME HELINSKI, CYNTHIA J
STREET ADDRESS 8278 SW REESE ST
CITY-ST-ZIP ARCADIA, FL 34269

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02/28/07-80101-003 50:00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Cynthia J. Helinski

2/7/07 863-494-7283