

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 043 ****61.25

DOCUMENT # N04000003312 1. Entity Name COPPER RIDGE MASTER ASSOCIATION, INC.					
Principal Place of Business 1925 E. EDGEWOOD DRIVE SUITE 100 LAKE LAND, FL 33803 US			Mailing Address 3361 WEST VINE STREET SUITE 208 KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box # <i>102 Park Place Blvd</i>		3. Mailing Address <i>102 Park Place Blvd</i>			
Suite, Apt. #, etc. <i>Suite D-2</i>		Suite, Apt. #, etc. <i>Suite D-2</i>			
City & State <i>Kissimmee, FL</i>		City & State <i>Kissimmee, FL</i>			
Zip <i>34741</i>		Country <i>US</i>		Zip <i>34741</i>	
Country <i>US</i>		Country <i>US</i>			
4. FEI Number 20-2727415			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DOLLIE BOYD 3361 WEST VINE STREET SUITE 208 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>102 Park Place Blvd, Ste D-2</i> City <i>Kissimmee</i> FL Zip Code <i>34741</i>		
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 <i>Dollie Boyd, agent</i> DATE <i>2/15/08</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOT Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADERER, EDWARD J JR <input type="checkbox"/> Delete 1925 E. EDGEWOOD DRIVE SUITE 100 LAKE LAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, GREGORY A <input type="checkbox"/> Delete 1925 E. EDGEWOOD DRIVE SUITE 100 LAKE LAND, FL 33803				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, L.K. <input type="checkbox"/> Delete PO BOX 7357 LAKE LAND, FL 33807				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>[Signature]</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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