

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90052 038 \*\*\*\*61.25

**DOCUMENT # N04000004965**

1. Entity Name  
**THE COOPER FUND, INC.**



Principal Place of Business  
**HIGHLANDS ANIMAL HOSPITAL  
SEBASTIAN, FL 32958 US**

Mailing Address  
**433 SEBASTIAN BLVD  
SEBASTIAN, FL 32958 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04252007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**20-1130142**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKENBERGER, ALISON H DR  
433 SEBASTIAN BLVD  
SEBASTIAN, FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DAVIES, DON**  
STREET ADDRESS **5155 ST PHILLIPS ISLAND**  
CITY-ST-ZIP **SEBASTIAN, FL 32962**

TITLE **DIR** ☐ Delete  
NAME **SIGMAN, ELIZABETH DR**  
STREET ADDRESS **719 WIMBROW DRIVE**  
CITY-ST-ZIP **SEBASTIAN, FL 32958**

TITLE **DIR** ☐ Delete  
NAME **FRANKENBERGER, ALISON DR**  
STREET ADDRESS **23 FOREST PARK DRIVE**  
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **D** ☐ Delete  
NAME **EUGENE, DONALD**  
STREET ADDRESS **5155 ST PHILLIPS ISLAND**  
CITY-ST-ZIP **SEBASTIAN, FL 32962**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Alison Frankenger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/07*

Date

*(772) 713-4526*

Daytime Phone #