

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-03-2008 90184 045 \*\*\*\*61.25

<b>DOCUMENT # N04000008317</b> 1. Entity Name COPPER RIDGE ESTATES OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1925 E. EDGEWOOD DRIVE SUITE 100 LAKE LAND, FL 33803		Mailing Address 3361 W VINE ST STE 208 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # <i>102 Park Place Blvd</i> Suite, Apt. #, etc. <i>Suite D-2</i> City & State <i>Kissimmee, FL</i> Zip <i>34741</i> Country <i>Deceola</i>		3. Mailing Address <i>102 Park Place Blvd</i> Suite, Apt. #, etc. <i>Suite D-2</i> City & State <i>Kissimmee, FL</i> Zip <i>34741</i> Country <i>Deceola</i>	
4. FEI Number 20-2728013		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  FLORIDAL ASSOCIATION MGMT C/O DOLLIE BOYD 3361 W VINE STE STE 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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>2/15/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LADERER, EDWARD H JR 1925 E. EDGEWOOD DRIVE, SUITE 100 LAKE LAND, FL 33803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASTERS, GREGORY A 1925 E. EDGEWOOD DRIVE, SUITE 100 LAKE LAND, FL 33803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARKHAM, LUKE 1925 E. EDGEWOOD DRIVE, SUITE 100 LAKE LAND, FL 33803	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<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"/> 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>		Date <i>2/15/08</i> Daytime Phone # <i>687-2100</i>	

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