

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 007 ****61.25

DOCUMENT # N04000009663

1. Entity Name
COPPER RIDGE POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**295 FIRST ST S
WINTER HAVEN, FL 33880**

Mailing Address
**295 FIRST ST S
WINTER HAVEN, FL 33880**

60029870

Principle Place of Business:
**2045 San Marcos Drive
City & State:
Winter Haven, FL
Zip 33880 Country USA**

Mailing Address
**2045 San Marcos Drive
City & State
Winter Haven, FL
Zip: 33880 Country: USA**

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1764055

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRAUGHN, RICHARD E
255 MAGOLIA AVE SW
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

**Richard A Tenaglia
c.o. Creative Association Serv., Inc.
2045 San Marcos Drive
Winter Haven, FL 33880**

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

Richard A. Tenaglia

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, 2006**

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 ☐ Delete
NAME **D CASSIDY, ALBERT B**
STREET ADDRESS **295 FIRST ST S**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Delete
NAME **D ADAMS, ROBERT J**
STREET ADDRESS **295 FIRST ST S**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Delete
NAME **D STRAWBRIDGE, V. FREDERICK JR.**
STREET ADDRESS **295 FIRST ST S**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #