

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 031 ****61.25

DOCUMENT # N04000009663					
1. Entity Name COPPER RIDGE POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2355 DUNHILL CIR LAKE LAND, FL 33810			Mailing Address PO BOX 93282 LAKE LAND, FL 33804		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 2941 Dunhill CR		Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State			
Zip 33810	Country Polk	Zip	Country	4. FEI Number 20-1764055	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, JAMES D 2855 DUNHILL CIR LAKE LAND, FL 33810			7. Name and Address of New Registered Agent		
Name OWENS, JAMES D			Name GARY VERRICHIO		
Street Address (P.O. Box Number is Not Acceptable) 2855 DUNHILL CIR			Street Address (P.O. Box Number is Not Acceptable) 2941 Dunhill Circle		
City LAKE LAND			City LAKE LAND		
State FL			State FL		
Zip Code 33810			Zip Code 33810		
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 X Gary J. Verrichio		GARY VERRICHIO TREASURER		2/7/08	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, JAMES 2855 DUNHILL CIR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Shepherd 2909 Dunhill CR LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEDFORD, JAMES 2902 DUNHILL CIR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Bedford 2902 Dunhill CR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, KARI 2851 DUNHILL CIR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERRICHIO, GARY 1941 DUNHILL CIR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Verrichio 2941 Dunhill CR LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Williams 2933 Dunhill CR LAKE LAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Bedford 2902 Dunhill CR LAKE LAND, FL 33810	<input type="checkbox"/> Change <input checked="" 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 any address, with all other like empowered.					
SIGNATURE: James Bedford					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2-7-08					
Daytime Phone #: 863-816-9522					