## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # N0400009663  1. Entity Name COPPER RIDGE POINTE HOMEOWNERS ASSOCIATION, INC.						02-14-2008 90031			
Principal Place of Business Mailing Address 2355 DUNHILL CIR PO BOX 93282 LAKELAND FC 33810 LAKELAND, FL 33804									
Principal Place of Business - No P.O. Box #									
Suite, Apt. #, etc. 2941 Dunhill CR		Suite, Apt. #, etc.			01162008 <sub>C</sub>	hg-NP CR2E	037 (12/06)		
City & State LAKe LAND, FL		City & State			4. FEI Number 20-176405	55	No	oplied For ot Applicable	
33810 POIK		Zip	Country	Fee Requi		\$8.75 Add Fee Require			
Name and Address of Current Registered Agent     Name					7. Name and Address of New Registered Agent				
OWENS JAMES D				(フロリ	ary Verrichio				
2855 DUNHILL CIR LAKELAND, FL 33810				29"4	taress (P.O. Box Number is Not Acceptable)				
City				/ pro	LAnd		L Žip Cod	2810	
8. The above named entity submits this statement for the purpose of changing its registered office or reg								and accept	
the obligations of registered agent.  GRRY Verrickio									
SIGNATURE Signature, typed or spinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25  9. Election Campaign Financing					witer renseating)	DAII	•		
	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be	l .	ck payable t		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	· 🗆	\$5.00 May Be Added to Fees	Florida Dep	artment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Carry Trust Fund Co	paign Financing entribution.	·····	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida Dep GES TO OFFICERS AND	artment of S	tate	
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Interest certify that the miorination supplied with this limit does not quality 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR