2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04028

Entity Name: COPELAND OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1018 GOLDEN OAK CT
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1018 GOLDEN OAK CT
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REBER, JOHN C.
55 EAST LIVINGSTON STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILLETTE, ROGER
Address: 1018 GOLDEN OAK CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: TD ( ) Delete
Name: KARLIS, STACEY
Address: 128 WAVERLY PL
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: KELLER, CHRIS
Address: 130 WAVERLY PL
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: BENOIT, JUDITH
Address: 132 WAVERLY PL
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CHAPMAN, JOLEEN
Address: 122 ANNIE STREET
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BENOIST, JUDITH
Address: 132 WAVERLY PL
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER H. GILLETTE PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date