



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000007917 1. Entity Name COPPER RIDGE OAKS HOMEOWNERS ASSOCIATION, INC.				FILED 08 DEC -1 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 102 PARK PLACE BLVD SUITE D-2 KISSIMMEE, FL 34741		Mailing Address 102 PARK PLACE BLVD SUITE D-2 KISSIMMEE, FL 34741 US			
2. Principal Place of Business - No P.O. Box # 8151 Woodvine Cir		3. Mailing Address PO Box 1098			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		10022008 Chg-NP CR2E037 (12/06)	
City & State Lakeland, FL		City & State Kathleen, FL		4. FEI Number 20-4770679	
Zip 33810		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33849		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 102 PARK PLACE BLVD, STE D-2 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Lindsay Llorens Street Address (P.O. Box Number is Not Acceptable) 8151 Woodvine Cir City Lakeland FL 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 <u>Lindsay Llorens D.T</u> 11-24-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADERER, EDWARD H JR		NAME	McClanahan, Brent	
STREET ADDRESS	1925 E EDGEWOOD DR STE 100		STREET ADDRESS	8147 Woodvine Cir	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, L K		NAME	Bobby L. Turner	
STREET ADDRESS	P O BOX 7357		STREET ADDRESS	8155 Woodvine Cir	
CITY-ST-ZIP	LAKELAND, FL 33807		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REHBERG, JAMES H		NAME	Lindsay Llorens	
STREET ADDRESS	6802 SHIMMERING DR		STREET ADDRESS	8151 Woodvine Cir	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Lindsay Llorens</u> <u>Lindsay Llorens</u> <u>11-24-08</u> <u>(813) 298-8259</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					