

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007917

FILED
Aug 06, 2009
Secretary of State

Entity Name: COPPER RIDGE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8151 WOODVINE CIR
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1098
KATHLEEN, FL 33849 US

New Mailing Address:

FEI Number: 20-4770679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LLORENS, LINDSAY
8151 WOODVINE CIR
LAKELAND, FL 33810 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: DP (X) Delete
Name: MCCLANAHAN, BRENT
Address: 8147 WOODVINE CIR
City-St-Zip: LAKELAND, FL 33810

Title: DV () Delete
Name: TURNER, BOBBY L
Address: 8155 WOODVINE CIR
City-St-Zip: LAKELAND, FL 33810

Title: DT () Delete
Name: LLORENS, LINDSAY
Address: 8151 WOODVINE CIR
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LINDSAY LLORENS

DT

08/06/2009

Electronic Signature of Signing Officer or Director

Date