

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
2006 OCT 27 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                     |                                                                            |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N05000009298</b><br>1. Entity Name<br><b>COPPER COVE PRESERVE COMMUNITY ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                     |                                                                            |                                                                                                       |  |
| Principal Place of Business<br><b>12631 WESTLINKS DR UNIT 7<br/>FT MYERS, FL 33913</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                     | Mailing Address<br><b>12631 WESTLINKS DR UNIT 7<br/>FT MYERS, FL 33913</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | 3. Mailing Address  |                                                                            |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | Suite, Apt. #, etc. |                                                                            |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         | City & State        |                                                                            |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                 | Zip                 | Country                                                                    |                                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                     |                                                                            | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>SHIELDS, CHRISTOPHER J<br/>1833 HENDRY STREET<br/>FT MYERS, FL 33901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                     |                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                     |                                                                            |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2007, Fee will be \$297.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                     | Make check payable to<br><b>Florida Department of State</b>                |                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>PERSICILLI, ANTHONY</b><br><b>12631 WESTLINKS DR UNIT 7</b><br><b>FT MYERS, FL 33913</b> |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>President</b><br><b>Tony Burdett</b><br><b>12631 Westlinks Dr. #7</b><br><b>FT. MYERS, FL 33913</b>                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>THRON, DAN</b><br><b>12631 WESTLINKS DR UNIT 7</b><br><b>FT MYERS, FL 33913</b>          |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>Vice-President</b><br><b>DAVE CROWN</b><br><b>12631 Westlinks Dr. #7</b><br><b>FT. MYERS, FL 33913</b>                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ST</b><br><b>SHEA, JACK</b><br><b>12631 WESTLINKS DR UNIT 7</b><br><b>FT MYERS, FL 33913</b>         |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>Secretary-Treasurer</b><br><b>Fred W. Dig</b><br><b>12631 Westlinks Dr. #7</b><br><b>FT. MYERS, FL 33913</b>                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                |  |
| 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. |                                                                                                         |                     |                                                                            |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                     | Date <b>10/20/06</b> Daytime Phone # _____                                 |                                                                                                                                                                                        |  |

**REINSTATEMENT**

**05-06**