2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009298



Feb 29, 2008 8:00 am Secretary of State 02-29-2008 90017 015 ****70.00

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. Entity Name		,
COPPER COVE PRESERVE COMMUNITY ASSOCIATION.		í

INC.			•									
Principal Place of Business 12631 WESTLINKS DR UNIT 7 FT MYERS, FL 33913			1263	Mailing Address 12631 WESTLINKS DR UNIT 7 FT MYERS, FL 33913				ц иоо				
2. Principal F		ess - No P.O. Box #	1	ling Address) Interstat	e Pa	ark Dr	ive					
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 300				02252008	Chg-NP	CR2E	037 (12/06	5)	
City & State Ft. Myers, FL			City & State Montgomery, AL					4. FEI Number 20-56890	21			Applied For Not Applicable
33901		Country USA	3610)9	USA USA	intry A		5. Certificate of	Status Desired		\$8.75 Fee Requ	
	6. Name	and Address of Current F	Registere	od Agent		4.		7. Name and Ad	Idress of New R	egistere	d Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET					Name Street Address (P.O. Box Number is Not Acceptable)							
FT MYER	5, FL 3390	דנ										
						City				F	L Zip C	ode
	named entity tions of regist	y submits this statement for ered agent.	the purp	ose of changing its	egistere	ed office or	register	ed agent, or both, i	n the State of Flo	orida. Fa	m familiar w	ith, and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	nd tide if app	olicable. (NOTE	Registere	d Agent signatu	ore required	when reinstating)	•	DATE	 E	
Filing Fee is \$61.25 9. Election Campaign Filing Fee by May 1, 2008 Trust Fund Contribut							Sing \$5.00 May Be Added to Fees Added to Florida Department of State					
10.		OFFICERS AND DIR	ECTORS		11.	-		ADDITIONS/CHAN	GES TO OFFICE	RS AND	DIRECTORS	S IN 10
TITLE	PD			☑ Delete	TITLE	: [sident			™ Chang	
NAME STREET ADDRESS	ME WEIDIG, FRED					E ET ADDRESS	A1aı	lan S. Farrior 2000 Interstate Park Dr., St				-
CITY-ST-ZIP	L .			CITY-ST-ZIP 1			Montgomery, AL 36109					
TITLE NAME	VPD ATKINS, N	MARIA		Delete	TITLE		VPD Brys	an K. Tuck	or	-	Chang	ge 🙀 Addition
STREET ADDRESS CITY-ST-ZIP		STLINKS DR UNIT 7 S, FL 33913				ET ADDRESS - ST-ZIP	2000	Interstation	te Park 1	Dr.,	Ste 30	00
TITLE	STD	DECOV		. □ Delete	TITLE	t t	STD				Chang	ge Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	STLINKS DR UNIT 7 S, FL 33913				ET ADDRESS -ST-ZIP	2000	es W. Davi) Intersta gomery, A	te Park 1	Dr.,	Ste 30	00
TITLE NAME				☐ Delete	TITLE	1		<u> </u>			☐ Chang	ge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP						et address · St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1				•	☐ Chanç	e Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE	:					Chang	e Addition
CITY-ST-ZIP						-ST-ZIP						
12. Thereby o	certify that the	information supplied with t	this filina	does not qualify for	the exe	motions co	ntained	in Chapter 119. Flo	orida Statutes. Li	further co	ertify 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.

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WILL W. VOUS YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR