

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009298

FILED
Mar 10, 2009
Secretary of State

Entity Name: COPPER COVE PRESERVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1833 HENDRY ST
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2000 INTERSTATE PRK DR STE 300
MONTGOMERY, AL 36109

New Mailing Address:

FEI Number: 20-5689021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT MYERS, FL 33901 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: P () Delete
Name: FARRIOR, ALAN S
Address: 2000 INTERSTATE PRK DR STE 300
City-St-Zip: MONTGOMERY, AL 36109

Title: VPD () Delete
Name: TUCKER, BRYAN K
Address: 2000 INTERSTATE PRK DR STE 300
City-St-Zip: MONTGOMERY, AL 36109

Title: STD () Delete
Name: DAVIS, JAMES W
Address: 2000 INTERSTATE PRK DR STE 300
City-St-Zip: MONTGOMERY, AL 36109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRIOR, ALAN S
Address: 5272 HAMPSTEAD HIGH STREET
City-St-Zip: MONTGOMERY, AL 36116

Title: VPD (X) Change () Addition
Name: TUCKER, BRYAN K
Address: 5251 HAMPSTEAD HIGH STREET
City-St-Zip: MONTGOMERY, AL 36116

Title: STD (X) Change () Addition
Name: DAVIS, JAMES W
Address: 5251 HAMPSTEAD HIGH STREET
City-St-Zip: MONTGOMERY, AL 36116

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: JAMES W. DAVIS

STD

03/10/2009

Electronic Signature of Signing Officer or Director

Date