

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05000009373	
1. Entity Name COPPER COVE SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD ASSOCIATION INC.	



Principal Place of Business 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	Mailing Address 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10092006 REIN-NP CR2E099 (11/05)

4. FEI Number Applied For	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS, FL 33901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERSICHILLI, ANTHONY 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tony Burdett 12631 Westlinks Dr. Unit #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEA, JACK 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President DAVE BROWN 12631 Westlinks Dr. #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THRON, DAN 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Fred Weidig 12631 Westlinks Dr. #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081268276 10/27/06--01009--002 **297.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/20/06 Daytime Phone # _____