


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 016 \*\*\*\*70.00

<b>DOCUMENT # N05000009373</b> 1. Entity Name <b>COPPER COVE SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD I ASSOCIATION INC.</b>					
Principal Place of Business 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913			Mailing Address 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913		
2. Principal Place of Business - No P.O. Box # <b>1833 Hendry Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2000 Interstate Park Drive</b> Suite, Apt. #, etc. <b>Suite 300</b>		02252008    Chg-NP    CR2E037 (12/06)	
City & State <b>Ft. Myers, FL</b> Zip    Country <b>33901    USA</b>		City & State <b>Montgomery, AL</b> Zip    Country <b>36109    USA</b>		4. FEI Number <b>20-5689092</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J</b> <b>1833 HENDRY ST.</b> <b>FT. MYERS, FL 33901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIDIG, GRED 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alan S. Farrior 2000 Interstate Park Dr., Ste 300 Montgomery, AL 36109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINS, MARIA 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bryan K. Tucker 2000 Interstate Park Dr., Ste 300 Montgomery, AL 36109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEBERT, PEGGY 12631 WESTLINKS DR, UNIT #7 FT. MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD James W. Davis 2000 Interstate Park Dr., Ste 300 Montgomery, AL 36109	<input type="checkbox"/> Change <input checked="" 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
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.					
<b>SIGNATURE:</b> <i>James W. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/25/08 (334) 270-6562 <small>Date    Daytime Phone #</small>		