

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 01, 2011  
Secretary of State**

DOCUMENT# N05000009373

**Entity Name:** COPPER COVE SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD I ASSOCIATION INC.**Current Principal Place of Business:**1833 HENDRY STREET  
FORT MYERS, FL 33901**New Principal Place of Business:**10481 BEN C. PRATT/SIX MILE CYPRESS PKWY.  
FORT MYERS, FL 33966**Current Mailing Address:**5251 HAMPSTEAD HIGH STREET  
UNIT 203  
MONTGOMERY, AL 36116**New Mailing Address:**10481 BEN C. PRATT/SIX MILE CYPRESS PKWY.  
FORT MYERS, FL 33966**FEI Number:** 20-5689092**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIELDS, CHRISTOPHER J  
1833 HENDRY ST.  
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: D  
Name: FARRIOR, ALAN S  
Address: 5251 HAMPSTEAD HIGH ST UNIT 203  
City-St-Zip: MONTGOMERY, AL 36116

Title: STD  
Name: HURST, BRYAN  
Address: 10481 BEN C. PRATT/SIX MILE CYPRESS PKWY.  
City-St-Zip: FORT MYERS, FL 33966

Title: PD  
Name: BURDETT, TONY  
Address: 10481 BEN C. PRATT/SIX MILE CYPRESS PKWY.  
City-St-Zip: FORT MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: ALAN S. FARRIOR

D

07/01/2011

Electronic Signature of Signing Officer or Director

Date