

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000007503

1. Entity Name
COPPERLEAF AT SARASOTA NATIONAL
NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
LANDARC, INC
6150 STATE RD. 70
BRADENTON, FL 34203

Mailing Address
LANDARC, INC
6150 STATE RD. 70
BRADENTON, FL 34203

FILED
08 OCT -3 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

09232008

Chg-NP

CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-0680755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDARC, INC
6150 STATE RD 70
BRADENTON, FL 34203

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

Margaret Schenker

Mt K

9/29/08

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature Required When Removing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITH, SCOTT	
STREET ADDRESS	10329 CROSS CREEK BLVD. STE. M	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VANZART, CHRIS W	
STREET ADDRESS	4315 PABLO OAKS CT. #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, JOHN C	
STREET ADDRESS	4315 PABLO OAKS COURT #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT BROOKS	
STREET ADDRESS	9240 ESTERO PARK COMMONS BLVD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH MCCORMICK	
STREET ADDRESS	9240 ESTERO PARK COMMONS BLVD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Schenker	
STREET ADDRESS	9240 ESTERO PARK COMMONS BLVD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mt K

9/29/08 239-495-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Schenker