

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18081** (2)
1. Corporation Name
COPPERFIELD TOWNHOMES HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business Mailing Address
8723 LIBERTY PLACE P.O. BOX 274203
TAMPA FL 33615 TAMPA FL 33688-4203



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/04/1986	
4. FEI Number 59-2890897	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BAY AREA MANAGEMENT SERVICES 18413 CANARY LANE LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name Bay Area Management Services
82 Street Address (P.O. Box Number is Not Acceptable) 9896 Bridgeton Pk.
83
84 City TAMPA FL 85 Zip Code 33626

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD WORRAL, BARBARA
STREET ADDRESS	8616 COBBLER PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD HAYES, WANDA
STREET ADDRESS	8614 COBBLER PLACE
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD PARNELLE, PEGGY
STREET ADDRESS	8611 COBBLER ST.
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD LASADA, JULIO
STREET ADDRESS	7522 COLONIAL CT.
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CREEDEN, SUE ELLEN
STREET ADDRESS	8714 COBBLER PL
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD HAYES, WANDA
1.3 STREET ADDRESS	8614 COBBLER PLACE
1.4 CITY - ST - ZIP	TAMPA, FL 33615
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD CREEDEN, SUE ELLEN
2.3 STREET ADDRESS	8714 COBBLER PLACE
2.4 CITY - ST - ZIP	TAMPA, FL 33615
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate as 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/13/98

CR2E037 (10/97)