


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90132 009 \*\*\*\*70.00

<b>DOCUMENT #N18090</b> 1. Entity Name <b>THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GAIL C. RAPPA 3213 COPPER RIDGE CIR CANTONMENT, FL 32533</b>				Mailing Address <b>C/O GAIL C. RAPPA 3213 COPPER RIDGE CIR CANTONMENT, FL 32533</b>	
2. Principal Place of Business <b>C/O RICHARD C. KAMINSKA JR.</b> Suite, Apt. #, etc. <b>3208 WINDMILL CIRCLE</b> City & State <b>CANTONMENT, FL</b> Zip <b>32533</b> Country <b>FLORIDA</b>				3. Mailing Address <b>C/O RICHARD C. KAMINSKA JR.</b> Suite, Apt. #, etc. <b>3208 WINDMILL CIRCLE</b> City & State <b>CANTONMENT, FL</b> Zip <b>32533</b> Country <b>FLORIDA</b>	
4. FEI Number <b>59-2953016</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03142006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>RAPPA, GAIL T 3213 COPPER RIDGE CIR CANTONMENT, FL 32533</b>				7. Name and Address of New Registered Agent Name <b>RICHARD C. KAMINSKA JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3208 WINDMILL CIRCLE</b> City <b>CANTONMENT</b> FL Zip Code <b>32533</b>	
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 <u><i>Richard C. Kaminska Jr.</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-14-06</u>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> NAME <b>ROBINSON, AMANDA</b> STREET ADDRESS <b>3260 WINDMILL CIR</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>JOHN ED MC DANAL</b> STREET ADDRESS <b>3213 WINDMILL CIRCLE</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b> NAME <b>DIXON, EDDIE</b> STREET ADDRESS <b>3288 WINDMILL CIR</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VD</b> NAME <b>CINDY KELL</b> STREET ADDRESS <b>601 COPPER RIDGE DR.</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>RAPPA, GAIL</b> STREET ADDRESS <b>3213 COPPER RIDGE CIRCLE</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>TD</b> NAME <b>RICHARD C. KAMINSKA JR.</b> STREET ADDRESS <b>3208 WINDMILL CIRCLE</b> CITY-ST-ZIP <b>CANTONMENT, FL 32533</b>	<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  	<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: <u><i>Richard C. Kaminska Jr.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3-14-05</u> <u>850/477-6481</u> Date Daytime Phone #		