

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 021 ****70.00

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|---|---|---|---|--|--|
| DOCUMENT # N18090 1. Entity Name THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O RICHARD C IAMINSKA JR 3208 WINDMILL CIR CANTONMENT, FL 32533 | | | Mailing Address C/O RICHARD C IAMINSKA JR 3208 WINDMILL CIR CANTONMENT, FL 32533 | | |
| 2. Principal Place of Business - No P.O. Box # RICHARD C. KAMINSKA JR. | | 3. Mailing Address RICHARD C. KAMINSKA JR. | |  | |
| Suite, Apt. #, etc. 3208 WINDMILL CIR. | | Suite, Apt. #, etc. 3208 WINDMILL CIR. | | | |
| City & State CANTONMENT, FL. | | City & State CANTONMENT, FL. | | | |
| Zip 32533 | Country U.S. | Zip 32533 | Country U.S. | | |
| 4. FEI Number 59-2953016 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAMINSKA, RICHARD C JR 3208 WINDMILL CIR CANTONMENT, FL 32533 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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> RICHARD C. KAMINSKA JR. <u>2-20-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div> | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MCDANAL, JOHN E 3212 WINDMILL CIR PENSACOLA, FL 32523 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GOULD, TERRANCE 3277 COPPER RIDGE CIR CANTONMENT, FL 32533 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD KELL, CINDY 601 COPPER RIDGE DR CANTONMENT, FL 32533 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KAMINSKA, RICHARD E JR 3208 WINDMILL CIR CANTONMENT, FL 32533 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KAMINSKA, RICHARD E JR 3208 WINDMILL CIR CANTONMENT, FL 32533 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD KAMINSKA, RICHARD, C. JR. 3208 WINDMILL CIR. CANTONMENT, FL 32533 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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. <div style="text-align: right;"> 850/477-6481 </div> | | | | | |
| SIGNATURE: <u><i>Richard C Kaminska Jr</i></u> RICHARD C. KAMINSKA JR. <u>2-20-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |