2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N18090

1. Entity Name

THE COPPER FOREST ESTATES HOMEOWNERS' ASSOCIATION, INC.



FILED Feb 06, 2008 08:00 AM **Secretary of State**

Principal Place of Business

C/O RICHARD C KAMINSKA JR 3208 WINDMILL CIR CANTONMENT, FL 32533

Mailing Address

C/O RICHARD C KAMINSKA JR 3208 WINDMILL CIR CANTONMENT, FL 32533



02022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2953016

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMINSKA, RICHARD C JR 3208 WINDMILL CIR CANTONMENT, FL 32533

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the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep-
SIGNATURE.	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE. Registered A	gant signature	required when reinstating)	CATE
,	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000818297 2/15/08-80031-019 70.00
10.	OFFICERS AND DIRI	ECTORS	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, TERRANCE 3277 COPPERRIDGE CIR CANTONMENT, FL 32533				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELL, CINDY 601 COPPER RIDGE DR CANTONMENT, FL 32533				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAMINSKA, JR, RICHARD C 3208 WINDMILL CIR CANTONMENT, FL 32533			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					·

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:

CiTY-ST-ZIP