2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N27262 1. Entity Name COPPER RIDGE ESTATES HOMEOWNERS 2005 JUL 29 AM 11:58 ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3225 SAMANTHA DRIVE 3225 SAMANTHA DRIVE CANTONMENT, FL 32533 CANTONMENT, FL 32533 US 3. Mailing Address SAMANTHA Suite, Apt. #, etc. 04292005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2924649 City & State Applied For Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, BARRY E 3225 SAMANTHA DR Street Address (P.O. Box Number is Not Acceptable) CANTONMENT, FL 32533 City 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. 700058478127 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOSSO, TERRENCE NAME NAME STREET ADDRESS 3222 SAMANTHA DR STREET ADDRESS CANTONMENT, FL 32533 CITY-ST-ZIP CITY-ST-ZIP **TSD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, BARRY NAME NAME 3225 SAMANTHA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PROFETA, ROB NAME NAME STREET ADDRESS 3208 SAMANTHA DR STREET ADDRESS CANTONMENT, FL 32533 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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: DAMA

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