

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90372 019 ****70.00

DOCUMENT # N27262

1. Entity Name
COPPER RIDGE ESTATES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
3225 SAMANTHA DRIVE
CANTONMENT, FL 32533 US

Mailing Address
3225 SAMANTHA DRIVE
CANTONMENT, FL 32533 US

DO NOT WRITE IN THIS SPACE



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2924649

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BARRY E
3225 SAMANTHA DR
CANTONMENT, FL 32533

**DO NOT WRITE
IN THIS SPACE**

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 NOT APPLICABLE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOSSO, TERRENCE
3222 SAMANTHA DR
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
SMITH, BARRY
3225 SAMANTHA DRIVE
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PROFETA, ROB
3208 SAMANTHA DR
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: BARRY E. SMITH, Treasurer 4-05-06 850-479-6045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #