


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90032 022 \*\*\*\*70.00

<b>DOCUMENT # N27262</b> 1. Entity Name <b>COPPER RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>3225 SAMANTHA DRIVE</b> <b>CANTONMENT, FL 32533</b> US		Mailing Address <b>3225 SAMANTHA DRIVE</b> <b>CANTONMENT, FL 32533</b> US	
2. Principal Place of Business - No P.O. Box # <b>3201 Samantha Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3201 Samantha Dr.</b> Suite, Apt. #, etc.	
City & State <b>Cantonment, Florida</b> Zip <b>32533</b> Country <b>USA</b>		City & State <b>Cantonment, Florida</b> Zip <b>32533</b> Country <b>USA</b>	
4. FEI Number <b>59-2924649</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMITH, BARRY E</b> <b>3225 SAMANTHA DR</b> <b>CANTONMENT, FL 32533</b>		7. Name and Address of New Registered Agent Name <b>Kathy J. LaCour</b> Street Address (P.O. Box Number is Not Acceptable) <b>3201 Samantha Dr.</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><b>Kathy J. LaCour</b></u> <u><b>Kathy J. LaCour</b></u> <u><b>1/28/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VD	TITLE	President
NAME	BOSSO, TERRENCE	NAME	Lynda B. Stier
STREET ADDRESS	3222 SAMANTHA DR	STREET ADDRESS	3203 Samantha Dr.
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP	Cantonment, Florida 32533
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TSD	TITLE	Vice-President
NAME	SMITH, BARRY	NAME	Philip A. Ham
STREET ADDRESS	3225 SAMANTHA DRIVE	STREET ADDRESS	3205 Samantha Dr.
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP	Cantonment, Florida 32533
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	Secretary-Treasurer
NAME	PROFETA, ROB	NAME	Kathy J. LaCour
STREET ADDRESS	3208 SAMANTHA DR	STREET ADDRESS	3201 Samantha Dr.
CITY-ST-ZIP	CANTONMENT, FL 32533	CITY-ST-ZIP	Cantonment, Florida 32533
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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.			
<b>SIGNATURE:</b> <u><b>Kathy J. LaCour</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><b>1/28/07</b></u> <b>850 969-0011</b> <small>Date    Daytime Phone #</small>	