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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:17

DOCUMENT # N38448 (9)

1. Corporation Name

COOPER'S POND OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE NORTH DALE MABRY HIGHWAY SUITE 820 TAMPA FL 33609	ONE NORTH DALE MABRY HIGHWAY SUITE 820 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3022590 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRUNDLE, ELIZABETH L.
ONE NORTH DALE MABRY HIGHWAY
SUITE 820
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	COATS, JOHN	12 NAME	Bob Parker
STREET ADDRESS	2212 GROVELAND DR	13 STREET ADDRESS	2250 GROVELAND DR
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	Lutz, FL 33549
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, RALPH	22 NAME	
STREET ADDRESS	2205 GROVELAND DR	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BEHAR, AL	32 NAME	
STREET ADDRESS	2246 GROVELAND DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	FLYNN, DENIS	42 NAME	
STREET ADDRESS	2248 GROVELAND DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	COATS, BARBA	52 NAME	Linda Flynn
STREET ADDRESS	2212 GROVELAND DRIVE	53 STREET ADDRESS	2248 GROVELAND DR.
CITY-ST-ZIP	LUTZ FL	54 CITY-ST-ZIP	Lutz, FL 33549
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denis B. Flynn 3/21/95 813-948-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Denis B. Flynn

0053848