

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1990

3a. Date of Last Report

03/28/1995

4. FEI Number

59-3022590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

BENNETT L. RABIN

82

Street Address (P.O. Box Number is Not Acceptable)

220 E. MADISON STREET, 12th Floor

83

TAMPA

84

City

FL

85

Zip Code

33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D PARKER, BOB
STREET ADDRESS 2250 GROVELAND DR
CITY-ST-ZIP LUTZ FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME D RODRIGUEZ, RALPH
STREET ADDRESS 2205 GROVELAND DR
CITY-ST-ZIP LUTZ FL

1.2 NAME ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME D BEHAR, AL
STREET ADDRESS 2246 GROVELAND DRIVE
CITY-ST-ZIP LUTZ FL

1.3 STREET ADDRESS ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME T FLYNN, DENIS
STREET ADDRESS 2248 GROVELAND DRIVE
CITY-ST-ZIP LUTZ FL

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME S FLYNN, LINDA
STREET ADDRESS 2248 GROVELAND DR
CITY-ST-ZIP LUTZ FL

2.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.5 CITY-ST-ZIP ☐ Change ☒ Addition

2.6 CITY-ST-ZIP ☐ Change ☒ Addition

2.7 CITY-ST-ZIP ☐ Change ☒ Addition

2.8 CITY-ST-ZIP ☐ Change ☒ Addition

2.9 CITY-ST-ZIP ☐ Change ☒ Addition

2.10 CITY-ST-ZIP ☐ Change ☒ Addition

2.11 CITY-ST-ZIP ☐ Change ☒ Addition

2.12 CITY-ST-ZIP ☐ Change ☒ Addition

2.13 CITY-ST-ZIP ☐ Change ☒ Addition

2.14 CITY-ST-ZIP ☐ Change ☒ Addition

2.15 CITY-ST-ZIP ☐ Change ☒ Addition

2.16 CITY-ST-ZIP ☐ Change ☒ Addition

2.17 CITY-ST-ZIP ☐ Change ☒ Addition

2.18 CITY-ST-ZIP ☐ Change ☒ Addition

2.19 CITY-ST-ZIP ☐ Change ☒ Addition

2.20 CITY-ST-ZIP ☐ Change ☒ Addition

2.21 CITY-ST-ZIP ☐ Change ☒ Addition

2.22 CITY-ST-ZIP ☐ Change ☒ Addition

2.23 CITY-ST-ZIP ☐ Change ☒ Addition

2.24 CITY-ST-ZIP ☐ Change ☒ Addition

2.25 CITY-ST-ZIP ☐ Change ☒ Addition

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)(k), 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:

Denise B. Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

(813) 948-2831

Date

Daytime Phone #

CR2E037 (12/95)