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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38448

1. Corporation Name

COOPER'S POND OWNER'S ASSOCIATION, INC.

Principal Place of Business

33 N. GARDEN AVE  
960  
CLEARWATER FL 33755-4116  
US

Mailing Address

33 N. GARDEN AVE  
960  
CLEARWATER FL 33755-4116  
US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/05/1990

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

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.  
33 N. GARDEN AVE  
SUITE 960  
CLEARWATER FL 34615

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  
33755

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FLEXON, RON  
STREET ADDRESS 2219 GROVELAND DR.  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☒ DELETE

NAME LESIEUR, DAVE  
STREET ADDRESS 2241 GROVELAND DR  
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE

NAME BENNETT, DIANE  
STREET ADDRESS @@@# GROVELAND DR.  
CITY-ST-ZIP LUTZ FL ###\$

TITLE T ☒ DELETE

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

TITLE D ☒ DELETE

NAME PANICO, BOB  
STREET ADDRESS 2202 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE S ☒ DELETE

NAME LESIEUR, SANDRA  
STREET ADDRESS 2241 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME BUCK, MARY  
2.3 STREET ADDRESS 2245 GROVELAND DRIVE  
2.4 CITY-ST-ZIP LUTZ FL 33549

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME BENNETT, DIANE  
3.3 STREET ADDRESS 2223 GROVELAND DR  
3.4 CITY-ST-ZIP LUTZ FL 33549

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME THOMAS VONBRAUNSBURG  
4.3 STREET ADDRESS 3254 GROVELAND DRIVE  
4.4 CITY-ST-ZIP LUTZ FL 33549

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME KENNEDY GEOFF  
5.3 STREET ADDRESS 2252 GROVELAND DR  
5.4 CITY-ST-ZIP LUTZ FL 33549

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SMILEE RENEE  
6.3 STREET ADDRESS 2249 GROVELAND DR  
6.4 CITY-ST-ZIP LUTZ FL 33549

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

(813) 948-9032

Daytime Phone #

CR2E037-11/98