

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N38448

1. Entity Name

COOPER'S POND OWNER'S ASSOCIATION, INC.



Principal Place of Business

PO BOX 22  
LUTZ, FL 33548 US

Mailing Address

PO BOX 22  
LUTZ, FL 33548 US

**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**



08102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3022590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.  
5999 CENTRAL AVE  
SUITE 104  
SAINT PETERSBURG, FL 33710

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000957607  
08/13/08-80002-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLYNN, DENIS
STREET ADDRESS	2248 GROVELAND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	STEIN, ROBERT
STREET ADDRESS	2242 GROVELAND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S
NAME	CISEK, ROBERT
STREET ADDRESS	2256 GROVELAND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T
NAME	VON BRAUNBERG, THOMAS
STREET ADDRESS	2254 GROVELAND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	SALMAN, KAREN
STREET ADDRESS	2215 GROVELAND DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	BARBER, DAVID
STREET ADDRESS	2224 GROVELAND DRIVE
CITY-ST-ZIP	LUTZ, FL 33549

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denis B. Flynn

Date

Daytime Phone #

8/10/08