

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38448

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** COOPER'S POND OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2224 GROVELAND DRIVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 22  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 59-3022590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BAGGIO, LINDA  
Address: 2211 GROVELAND DR  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: STEIN, ROBERT  
Address: 2242 GROVELAND DR  
City-St-Zip: LUTZ, FL 33549

Title: S  
Name: BARNETT, TERESA  
Address: 2220 GROVELAND DR  
City-St-Zip: LUTZ, FL 33549

Title: T  
Name: SALMAN, KAREN  
Address: 2215 GROVELAND DR  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: BARBER, DAVID  
Address: 2224 GROVELAND DR  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID D BARBER

DIR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date