

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90343 026 \*\*\*\*61.25

**DOCUMENT # N38448**

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



**Principal Place of Business**

PO BOX 22  
LUTZ FL 33549  
US

**Mailing Address**

PO BOX 22  
LUTZ FL 33549  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 59-3022590

Applied For

Not Applicable

Zip 33548

Country

Zip 33548

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

**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

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D  
NAME WEHLE, MICHAEL ☐ Delete  
STREET ADDRESS 2238 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME AMBRAZ, PAUL ☐ Delete  
STREET ADDRESS 2247 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME VONBRAUNSBURG, KELLY ☒ Delete  
STREET ADDRESS 2254 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE D  
NAME CISEK, ROBERT ☐ Change ☒ Addition  
STREET ADDRESS 2256 GROVELAND DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE T  
NAME VONBRAUNSBURG, THOMAS ☐ Delete  
STREET ADDRESS 2254 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE D  
NAME Flynn, DEANIS ☐ Change ☒ Addition  
STREET ADDRESS 2248 GROVELAND DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE D  
NAME GEOFF, KENNEDY ☐ Delete  
STREET ADDRESS 2252 GROVELAND DR  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CLARK, BONNIE ☐ Delete  
STREET ADDRESS 2256 GROVELAND DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 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 another like empowered.**

**SIGNATURE:**

**Signature and Typed or Printed Name of Signing Officer or Director**

01-21-03 (813)948-9032

CP2E037 (10/02)