

# FILE NOW: FILING FEE IS \$61.25

|                                                 |                                                                                   |                                                                                                           |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT #** *N 39747*

1. Corporation Name

*COPPER HILL FOUR HOMEOWNERS ASSOC. INC.*

**600001840936**  
 -05/28/96--01036--001  
 \*\*\*70.00

|                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| Principal Place of Business                      | Mailing Address                                  |
| <i>P.O. Box 26707<br/>Jacksonville, FL 32226</i> | <i>P.O. Box 26707<br/>Jacksonville, FL 32226</i> |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <i>P.O. Box 26707</i>       | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23 <i>JACKSONVILLE, FL</i>     | 28                  |
| Zip                            | Country             |
| 24 <i>32218</i>                | 25 <i>US</i>        |
| 29                             | 30                  |

|                                                                                         |                                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| <i>8/29/1990</i>                                                                        | <i>5/11/1995</i>                                                    |
| 4. FEI Number                                                                           | Applied For                                                         |
| <i>59-3045884</i>                                                                       | Not Applicable                                                      |
| 5. Certificate of Status Desired                                                        | <b>\$8.75 Additional Fee Required</b>                               |
| <input checked="" type="checkbox"/>                                                     |                                                                     |
| 6. Election Campaign Financing Trust Fund Contribution                                  | <b>\$5.00 May Be Added to Fees</b>                                  |
| <input type="checkbox"/>                                                                |                                                                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent                                      |
|                                                 | 81 Name <i>KAREN BLANKENSHIP</i>                                                  |
|                                                 | 82 Street Address (P.O. Box Number is Not Acceptable) <i>5869 COPPER LAKE DR.</i> |
|                                                 | 83                                                                                |
|                                                 | 84 City <i>JACKSONVILLE</i> <b>FL</b> 85 Zip Code <i>32218</i>                    |

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 *Karen L. Blankenship* *Karen L. Blankenship* *4/26/96*

|                            |                                                       |                                                       |                                                                                         |
|----------------------------|-------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                         |
| TITLE                      | <i>PO</i> <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE                                             | <i>PO</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <i>YOUNG, JOHN</i>                                    | 1.2 NAME                                              | <i>JOSEPH TATE</i>                                                                      |
| STREET ADDRESS             | <i>5918 COPPER LAKE DR</i>                            | 1.3 STREET ADDRESS                                    | <i>5973 COPPER CREEK DR.</i>                                                            |
| CITY-ST-ZIP                | <i>JACKSONVILLE, FL 32218</i>                         | 1.4 CITY-ST-ZIP                                       | <i>JACKSONVILLE, FL 32218</i>                                                           |
| TITLE                      | <i>PO</i> <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE                                             | <i>VID</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <i>TESSNER, DEBORAH</i>                               | 2.2 NAME                                              | <i>CHARLES BLANKENSHIP</i>                                                              |
| STREET ADDRESS             | <i>5981 COPPER CREEK DR.</i>                          | 2.3 STREET ADDRESS                                    | <i>5869 COPPER LAKE DR.</i>                                                             |
| CITY-ST-ZIP                | <i>JACKSONVILLE, FL 32218</i>                         | 2.4 CITY-ST-ZIP                                       | <i>JACKSONVILLE, FL 32218</i>                                                           |
| TITLE                      | <i>STD</i> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <i>STD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <i>SLANEIDER, TONY</i>                                | 3.2 NAME                                              | <i>MARIE CHANEY</i>                                                                     |
| STREET ADDRESS             | <i>5876 COPPER CREEK DR.</i>                          | 3.3 STREET ADDRESS                                    | <i>5980 COPPER CREEK DR</i>                                                             |
| CITY-ST-ZIP                | <i>JACKSONVILLE, FL 32218</i>                         | 3.4 CITY-ST-ZIP                                       | <i>JACKSONVILLE, FL 32218</i>                                                           |
| TITLE                      | <input type="checkbox"/> DELETE                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                                       | 4.2 NAME                                              |                                                                                         |
| STREET ADDRESS             |                                                       | 4.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                |                                                       | 4.4 CITY-ST-ZIP                                       |                                                                                         |
| TITLE                      | <input type="checkbox"/> DELETE                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                                       | 5.2 NAME                                              |                                                                                         |
| STREET ADDRESS             |                                                       | 5.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                |                                                       | 5.4 CITY-ST-ZIP                                       |                                                                                         |
| TITLE                      | <input type="checkbox"/> DELETE                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                                                       | 6.2 NAME                                              |                                                                                         |
| STREET ADDRESS             |                                                       | 6.3 STREET ADDRESS                                    |                                                                                         |
| CITY-ST-ZIP                |                                                       | 6.4 CITY-ST-ZIP                                       |                                                                                         |

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: *Joseph Tate* *4/26/96* *765-3746*

CR2E037 (12/95)