

FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39747 (3)
1. Corporation Name
COPPER HILL FOUR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 26707 PO BOX 26707
JACKSONVILLE FL 32226 JACKSONVILLE FL 32226
US US

3. Date Incorporated or Qualified
08/29/1990

4. FEI Number 59-3045884
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TATE, LELIA
5973 COPPER CREEK DR
JACKSONVILLE FL 32218

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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)

February 2, 1998

12. OFFICERS AND DIRECTORS

TITLE	PD/D	<input type="checkbox"/> DELETE
NAME	TATE, JOSEPH	
STREET ADDRESS	5973 COPPER CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BLANKENSHIP, CHARLES	
STREET ADDRESS	5889 COPPER LAKE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD/D	<input type="checkbox"/> DELETE
NAME	TEAHAN, DAN	
STREET ADDRESS	5845 COPPER LAKE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	Jackson, Gladys (D)	<input type="checkbox"/> DELETE
NAME	5836 Copper Creek Dr	
STREET ADDRESS	Jacksonville, FL 32218	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD/T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Teahan, Dan	
2.3 STREET ADDRESS	5845 COPPER LAKE DR	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32218	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Joseph Tate Joseph Tate February 2, 1998 904-765-3746

CR2E037 (10/97)