

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005337

FILED
Apr 21, 2006
Secretary of State

Entity Name: COPELAND ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

36901 LAUREL OAK LANE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

36901 LAUREL OAK LANE
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-3229625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERWOOD, GARY
36901 LAUREL OAK LANE
DADE CITY, FL 33525 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: PD () Delete
Name: SEEMANN, JAMES P
Address: 36707 LAUREL OAK LANE
City-St-Zip: DADE CITY, FL 33525

Title: VD () Delete
Name: MORGAN, MARK
Address: 36821 LAUREL OAK LANE
City-St-Zip: DADE CITY, FL 33525

Title: STD () Delete
Name: UNDERWOOD, GARY
Address: 36901 LAUREL OAK LANE
City-St-Zip: DADE CITY, FL 33525 US

Title: S () Delete
Name: RUCHTI, ROBERT
Address: 36513 LAUREL OAK LANE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY UNDERWOOD

STD

04/21/2006

Electronic Signature of Signing Officer or Director

Date