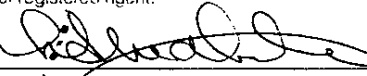


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

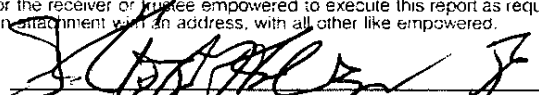
**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90021 034 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                                         |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000000542</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                        |                                                                                                                                                                     |
| 1. Entity Name<br><b>COPPERFIELD PROPERTY OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                                         |                                                                                                                                                                     |
| Principal Place of Business<br><b>110 POLK AVENUE<br/>SUITE #4<br/>CAPE CANAVERAL FL 32920<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | Mailing Address<br><b>110 POLK AVENUE<br/>SUITE 4<br/>CAPE CANAVERAL FL 32920<br/>US</b>                                                |                                                                                                                                                                     |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 3. Mailing Address                                                                                                                      |                                                                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | City & State                                                                                                                            |                                                                                                                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country                                                                                                          | Zip                                                                                                                                     | Country                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><br><b>STUDHOLME, LESLEY K<br/>110 POLK AVE<br/>SUITE #4<br/>CAPE CANAVERAL FL 32920</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br><br>SIGNATURE  <b>Manager L. Studholme</b> 3/18/8<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE |                                                                                                                  |                                                                                                                                         |                                                                                                                                                                     |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                            |                                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PD<br>COOPR, JAMES<br>637 HEATHERSTONE DR<br>MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>MCDERMOTT, RAYMOND<br>1955 WORCHESTER WAY<br>MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DT<br>KELLER, ELEANOR<br>676 HEATHER STONE<br>MERRITT ISLAND FL 32953 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Elizabeth Fisher<br/>1852 Abbeyridge<br/>Merritt Island, FL 32953</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VPD<br>BROGAN, ERNEST C<br>1816 ABBEYRIDGE DR<br>MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SD<br>BLAISE, SIMONE<br>1950 WORCHESTER WAY<br>MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #