


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003091 1. Entity Name COPPER RIDGE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 263303 TAMPA, FL 33685-3303 US	Mailing Address P.O. BOX 263303 TAMPA, FL 33685-3303 US
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01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3342204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHELTON, ELBERT 8930 METHENY CIRCLE TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHELTON, ELBERT 8930 METHNEY CIRCLE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEWIS, MAURICE 7412 SADE ST TAMPA, FL 336151363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD RODRIGUEZ, SHIRLEY 7402 SADE STREET TAMPA, FL 336151363
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000328985 04/25/05-80100-011 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 all other like empowered.

SIGNATURE: Shirley W. Rodriguez Shirley W. Rodriguez, TSD, 1/25/05, 813-884-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #