

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003091

1. Entity Name
COPPER RIDGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 263303
TAMPA, FL 33685-3303 US**

Mailing Address
**P.O. BOX 263303
TAMPA, FL 33685-3303 US**



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3342204	Applied For 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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHELTON, ELBERT
STREET ADDRESS	8930 METHNEY CIRCLE
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	VPD
NAME	LEWIS, MAURICE
STREET ADDRESS	7412 SADE ST
CITY-ST-ZIP	TAMPA, FL 336151363

TITLE	TSD
NAME	RODRIGUEZ, SHIRLEY
STREET ADDRESS	7402 SADE STREET
CITY-ST-ZIP	TAMPA, FL 336151363

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80044-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 1/18/06 813-884-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #