

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001350 (5)

1. Corporation Name

COPPERFIELD II AT SUMMERFIELD FACILITIES ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD.
CLEARWATER FL 34619

311 PARK PLACE BLVD.
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 824 E. Fletcher Ave.

26 824 E Fletcher Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, Florida

27

City & State

City & State

23 Tampa, FL

28

Zip Country

Zip Country

24 33612

29 33612

30 Hillsborough

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

ZSCHAU, JULIUS J
JOHNSON BLAKELY POPE BOKOR, RUPPEL & BURNS
911 CHESTNUT STREET
CLEARWATER FL 34616

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUSH, WILLIAM A
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600
CITY-ST-ZIP CLEARWATER FL 34619

DELETE

TITLE VD
NAME MILLER, FRANCINE
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600
CITY-ST-ZIP CLEARWATER FL 34619

DELETE

TITLE STD
NAME SELLINGER, JOHN
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600
CITY-ST-ZIP CLEARWATER FL 34619

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Sellinger, John
311 Park Place Blvd. Suite 600
Clearwater, FL 34619 PD

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

000002330900-8
-10/27/97-01160-005
*****61.25 *****61.25

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Martin, Janet
311 Park Place Blvd. Suite 600
Clearwater, FL 34619 STD

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 SIGNATURE REQUIRED

9/29/97 62221011

FILED

97 OCT 24 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)