

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001350 (5)**

1. Corporation Name

COPPERFIELD II AT SUMMERFIELD FACILITIES ASSOCIATION, INC.



Principal Place of Business 824 E. FLETCHER AVE TAMPA FL 33612	Mailing Address 824 E. FLETCHER AVE TAMPA FL 33612
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3. Date Incorporated or Qualified 03/12/1996	4. FEI Number 59-3367826	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
APPLIED FOR		Not Applicable

2. Principal Place of Business 21 7001 Temple Terrace Hwy	2a. Mailing Address 25 7001 Temple Terrace Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Temple Terrace	City & State 27 Temple Terrace
Zip 24 33637	Country 25 Hillsborough
Zip 29 33637	Country 30 Hillsborough

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZSCHAU, JULIUS J JOHNSON BLAKELY POPE BOKOR, RUPPEL & BURNS 911 CHESTNUT STREET CLEARWATER FL 34618	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTIN, JANET		1.2 NAME ROW BROWN	
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600		1.3 STREET ADDRESS 311 PARK PLACE SUITE 600	
CITY-ST-ZIP CLEARWATER FL 34619		1.4 CITY-ST-ZIP CLEARWATER, FL.	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, FRANCINE		2.2 NAME	
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600		2.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34619		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELLINGER, JOHN		3.2 NAME	
STREET ADDRESS 311 PARK PLACE BLVD., SUITE 600		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34619		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E037 (10/97)