

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Kathenne Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1999 AUG -6 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001350

1. Corporation Name

COPPERFIELD II AT SUMMERFIELD FACILITIES ASSOCIATION, INC.

Principal Place of Business

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

Mailing Address

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

58-3367826

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Antonio Duarte
82 Street Address (P.O. Box Number is Not Acceptable) 11959 N. Florida Ave.
83 City Tampa FL 84 Zip 33612

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

(NOT E-Registered Agent signature required when renouncing)

DATE

3-3-99

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
BROWN, RON
311 PARK PLACE, SUITE 600
CLEARWATER FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
MILLER, FRANCINE
311 PARK PLACE BLVD., SUITE 600
CLEARWATER FL 34619

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
SELLINGER, JOHN
311 PARK PLACE BLVD., SUITE 600
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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Lashley, James

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

500002956785

-08/11/99--01030--002

***542.50 ***61.25

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(c), 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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Lashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99

Date

813 651-1850

Daytime Phone #

AD

CR2E037 (11/98)