

2000 UNIFORM BUSINESS REPORT (UBR)

1/31/

DOCUMENT # N99000006134

1. Entity Name

COPPERHEAD COMMUNITY ASSOCIATION, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

01-31-2000 90048 001 ***361.25

Principal Place of Business

21184 BRAXFIELD LOOP
ESTERO FL 33928

Mailing Address

21184 BRAXFIELD LOOP
ESTERO FL 33928-3241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0986459

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNELL, MARY V
1833 HENDRY STREET
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ISRAELSON, WARREN J
STREET ADDRESS 6001 EGAN DRIVE #100
CITY-ST-ZIP SAVAGE MN 55378 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE VD
NAME ISRAELSON, KATHLEEN M
STREET ADDRESS 6001 EGAN DRIVE #100
CITY-ST-ZIP SAVAGE MN 55378 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE STD
NAME MORGAN, KATHY L
STREET ADDRESS 6747 PLANTATION MANOR LOOP
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

(941) 947-2040

Daytime Phone #