

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/31/

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

01-31-2000 90048 001 \*\*\*361.25

**DOCUMENT # N99000006134**

1. Entity Name  
**COPPERHEAD COMMUNITY ASSOCIATION, INC.**

Principal Place of Business: 21184 BRAXFIELD LOOP, ESTERO FL 33928  
 Mailing Address: 21184 BRAXFIELD LOOP, ESTERO FL 33928-3241

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

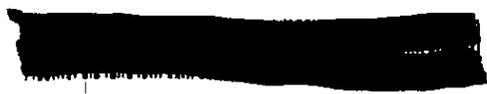
Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

6. Name and Address of Current Registered Agent  
**SNELL, MARY V**  
**1833 HENDRY STREET**  
**FORT MYERS FL 33901**

4. FEI Number: **65-0986459** Applied For:  Not Applied For:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_



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.

SIGNATURE: *Warren J. Israelson* **WARREN J. ISRAELSON** DATE: **6/20/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: VD NAME: ISRAELSON, KATHLEEN M STREET ADDRESS: 6001 EGAN DRIVE #100 CITY-ST-ZIP: SAVAGE MN 55378	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: STD NAME: MORGAN, KATHY L STREET ADDRESS: 6747 PLANTATION MANOR LOOP CITY-ST-ZIP: FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *Warren J. Israelson* **SIGNATURE REQUIRED** DATE: **1/13/00** DAYTIME PHONE #: **(941) 947-2040**

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #