

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90104 032 ****61.25

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**

U0063419

2. Principal Place of Business

20910 Copperhead Dr

Suite, Apt. #, etc.

3. Mailing Address

6001 Egan Dr

Suite, Apt. #, etc.

100

City & State

Lehigh Acres FL

City & State

Savage MN

Zip

33936

Country

USA

Zip

55378

Country

USA

4. FEI Number

65-0986459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SNELL, MARY V
 1833 HENDRY STREET
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

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
 After September 12, 2001, min. will be \$236.25**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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)(i), 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

8/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)