

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006134

FILED  
Jan 24, 2005  
Secretary of State

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

**Current Principal Place of Business:**

20910 COPPERHEAD DR  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

6001 EGAN DR  
SUITE 100  
SAVAGE, MN 55378

**New Mailing Address:**

**FEI Number:** 65-0986459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKILLESTAD, AMY E MRS  
20910 COPPERHEAD DRIVE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ISRAELSON, WARREN J  
Address: 6001 EGAN DRIVE #100  
City-St-Zip: SAVAGE, MN 55378

Title: VD ( ) Delete  
Name: ISRAELSON, KATHLEEN M  
Address: 6001 EGAN DRIVE #100  
City-St-Zip: SAVAGE, MN 55378

Title: STD ( ) Delete  
Name: SKILLESTAD, AMY E  
Address: 6001 EGAN DRIVE SUITE 100  
City-St-Zip: SAVAGE, MN 55378

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY E SKILLESTAD

SEC

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date