

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006134

FILED
Jan 10, 2003
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:

SNELL, MARY V
1833 HENDRY STREET
FORT MYERS, FL 33901 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: MORGAN, KATHY L
Address: 6747 PLANTATION MANOR LOOP
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WARREN J ISRAELSON

PD

01/10/2003

Electronic Signature of Signing Officer or Director

Date