

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38448

**Entity Name:** COOPER'S POND OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2211 GROVELAND DRIVE  
LUTZ, FL 33549

**Current Mailing Address:**

PO BOX 22  
LUTZ, FL 33548 US

**FEI Number:** 59-3022590

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
1511 NORTH WESTSHORE BLVD  
SUITE 1000  
TAMPA, FL 33607 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAGGIO, LINDA  
Address        2211 GROVELAND DR  
City-State-Zip: LUTZ FL 33549

Title            D  
Name            STEIN, ROBERT  
Address        2242 GROVELAND DR  
City-State-Zip: LUTZ FL 33549

Title            D  
Name            BARNETT, TERESA  
Address        2220 GROVELAND DR  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            BARBER, DAVID  
Address        2224 GROVELAND DR  
City-State-Zip: LUTZ FL 33549

Title            VP  
Name            BROWNE, GARRY  
Address        2212 GROVELAND DR  
City-State-Zip: LUTZ FL 33549

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID BARBER

TREAS

01/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date