

2022 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

Title	DIRECTOR
Name	LINDSAY, BRITTANY D
Address	2244 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 D BARBER

TREASURER

01/29/2022

Electronic Signature of Signing Officer/Director Detail_____
Date