

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90028 020 \*\*\*\*61.25



**DOCUMENT # N96000003277**  
1. Entity Name  
**COPPER RIDGE/BRANDON HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business: **STERLING MANAGEMENT SERVICES  
2870 SCHERER DR, STE 100  
SAINT PETERSBURG FL 33716**  
Mailing Address: **STERLING MANAGEMENT SERVICES  
2870 SCHERER DR, STE 100  
SAINT PETERSBURG FL 33716**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
4. FEI Number: **59-3391308**  
Applied For:   
Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**MEZER, STEVEN  
220 S FRANKLIN ST  
TAMPA FL 33602**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent used to file this statement. (NOTE: Registered Agent signature must be with a registration) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE: <b>D</b> NAME: <b>GOECKNER, SHAUN</b> STREET ADDRESS: <b>4621 HNESHOE PK LANE</b> CITY- ST- ZIP: <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	
TITLE: <b>VP</b> NAME: <b>VALDES-REILLY, MARIA</b> STREET ADDRESS: <b>1007 GRAND CANYON DR</b> CITY- ST- ZIP: <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	
TITLE: <b>T</b> NAME: <b>HILSABECK, DAVID</b> STREET ADDRESS: <b>1204 DRAGON HEAD</b> CITY- ST- ZIP: <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	
TITLE: <b>P</b> NAME: <b>SCHNIDER, BRYAN</b> STREET ADDRESS: <b>1011 GRAND CANYON</b> CITY- ST- ZIP: <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	
TITLE: <b>S</b> NAME: <b>MURPHY, ANNE M</b> STREET ADDRESS: <b>4107 JADE LANE</b> CITY- ST- ZIP: <b>VALRICO FL 33594</b>	<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ **1/24/08 777 299-9555**