FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:21

DOCUMENT # **756294** **(5)**

1. Corporation Name

COPPERLEAF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% GOUVERT 660 W LINTON BLVD SUITE 202 DELRAY BCH FL 33444	% GOUVERT 660 W LINTON BLVD SUITE 202 DELRAY BCH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1981
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2080804 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ ***$68.75*** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

D.F. GOUVERT ENTERPRISES INC.
660 W. LINTON BLVD
SUITE 202
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~GARFINKEL, JACK~~	1.2 NAME	ALBERT NOAH	
STREET ADDRESS	~~5239 COPPERLEAF CIRCLE~~	1.3 STREET ADDRESS	5183 COPPERLEAF CIRCLE	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	~~PD~~	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BLOOMFIELD, MORTON~~	2.2 NAME	GARFINKEL, JACK	
STREET ADDRESS	~~5287 COPPERLEAF CIRCLE~~	2.3 STREET ADDRESS	5239 COPPERLEAF CIRCLE	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DT	3.1 TITLE	D	☒ Change ☐ Addition
NAME	COTZIN, CHARLES A.	3.2 NAME	BLOOMFIELD MORTON	
STREET ADDRESS	5247 COPPERLEAF CIRCLE	3.3 STREET ADDRESS	5287 COPPERLEAF CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	NOBLE, JOSEPH	4.2 NAME		
STREET ADDRESS	5180 COPPERLEAF CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEIN, SYBIL	5.2 NAME		
STREET ADDRESS	5179 COPPERLEAF CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MARNERSTEIN, MARION	6.2 NAME		
STREET ADDRESS	~~5234 COPPERLEAF CIRCLE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Cotzin, Treasurer CHARLES A. COTZIN 3/4/5 (407) 498-4494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0012430