FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/10/1981

3a. Date of Last Report: 03/09/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALBERT, NOAH		1.2 NAME		
STREET ADDRESS	5183 COPPERLEAF CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARFINKEL, JACK		2.2 NAME		
STREET ADDRESS	5239 COPPERLEAF CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	COTZIN, CHARLES A.		3.2 NAME	COOKEE GEMME	
STREET ADDRESS	5247 COPPERLEAF CIRCLE		3.3 STREET ADDRESS	5211 COPPERLEAF CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DS	☐ DELETE	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	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEIN, SYBIL		5.2 NAME		
STREET ADDRESS	5179 COPPERLEAF CICLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	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		

CR2E037 (12/95)

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)(k), 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: Jack Garfinkel 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #