2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
03-08-2000 90028 004 ****61.25

DOCUMENT # 756294

1. Entity 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 33444-8150

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6401 Congress Avenue	c/o Lippman & Lippman 6401 Congress Avenue
Suite, Apt. #, etc. Suite 140	Suite, Apt. #, etc. Suite 140
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 59-2080804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Karen Lippman
Street Address (P.O. Box Number Is Not Acceptable): 6401 Congress Avenue
Suite 140
City: Boca Raton FL Zip Code: 33487

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.

SIGNATURE: Karen Lippman 2/03/00
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ESTELLE, KLEIN 5215 COPPERLEAF CIRCLE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jack Garfunkel 5239 Copperleaf Circle Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FREIDA, LEIBOWITZ 5280 COPPERLEAF CIRCLE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Joseph Noble 5180 Copperleaf Circle Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOE, NOBLE 5180 COPPERLEAF CIRCLE DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maurice Manner 5240 Copperleaf Circle Delray Beach FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEPI, JURNOVE 5290 COPPERLEAF CIR. DELRAY BEACH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYBIL, SCHLEIN 5179 COPPERLEAF CIR. DELRAY BCH FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

C.R.E.F.037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED Estelle Klein 3/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #