

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90061 042 ****61.25

DOCUMENT # 756294 1. Entity Name COPPERLEAF HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % GOUVERT 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487			Mailing Address % GOUVERT 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2080804	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPPMAN, KAREN % GOUVERT 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name LIPPMAN, KAREN 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Karen Lippman</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>4/8/04</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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			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	T Semel, Marlene 5336 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	S Kohnke, Luana 5251 Copperleaf Circle Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARFINKEL, JACK 5239 COOPERLEAF CIR DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deshene, Harold 5347 Copperleaf Circle Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLEIN, SYBIL 5179 COOPERLEAF CIR DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rebero, John 5355 Copperleaf Circle Delray Beach, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE DOMENICO, AMELIA 5195 COOPERLEAF CIR DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u><i>Marlene Semel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>4/13/04</u> Daytime Phone #	

94053759



04022004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **LIPPMAN, KAREN**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Lippman* DATE 4/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

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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: *Marlene Semel* DATE 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR