## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002287

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## FILED Apr 29, 2005 8:00 am Secretary of State

☐ Addition

☐ Change

acciding of a con
04-29-2005 90258 046 ****61.:

COOPER	e VILLAGE HOMEOWNERS A	ASSOCIATION, INC			_		
Principal Place of Business         Mailing Address           4400 WEST SAMPLE RD., STE. 200         4400 WEST SAMPLE RD., STE. 200           COCONUT CREEK, FL 33073-3450         COCONUT CREEK, FL 33073-3450			1	14009705			
2 Principal P	face of Business	3. Mailing Address					
z. morpan	nuos of Business	VI Maining / Garage			<b>- 11111 B.3111 BBLI1 B31</b> 115	MR()  MB       11218    1881    1811    1841	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04232005 C	hg-NP	CŘ2E037 (10/03)	
City & State	е	City & State		4. FEI Number	30-0	~~~	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	□ \$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Add	dress of New Re	gistered Agent	•
POSIN, HARRY			Name				
4400 WEST SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073-3450		Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City		•	FL Zip Code	)
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	r registered agent, or both, ir	the State of Flor		and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signat	ture required when reinstating)	1	DATE	
	Filing Fee is \$61.25	9. Election Cam	paign Financing	¢5 00	Ma	ake check payable to	
1	Due by May 1, 2005	Trust Fund C		\$5.00 May Be Added to Fees	Florie	da Department of St	
10.		Trust Fund C		Added to Fees	<u> </u>		ate
TITLE	Due by May 1, 2005  OFFICERS AND DIRE	Trust Fund C	11.	Added to Fees	<u> </u>	da Department of St	ate
TITLE	OFFICERS AND DIRE PD BEER, T.R.	Trust Fund C	11. TITLE NAME	Added to Fees	<u> </u>	da Department of St	ate 10
TITLE	OFFICERS AND DIRE PD BEER, T.R. 4400 WEST SAMPLE RD., STE. 2	Trust Fund C	11.	Added to Fees	<u> </u>	da Department of St	ate 10
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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.

TITLE

NAME

STREET ADDRESS

CITY-\$T-ZIP

Delete

SIGNATURE: Zune Rode	FRANK	Longers	April 22,20	005 (954) 973 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	G OFFICER OR DIRECTOR	1	Date	Daytime Phone #