

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90258 046 ****61.25

14009705




04232005 Chg-NP CR2E037 (10/03)

4. FEI Number **30-0290452** Applied For Not Applicable

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

DOCUMENT # N03000002287

1. Entity Name
 COOPER VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 4400 WEST SAMPLE RD., STE. 200
 COCONUT CREEK, FL 33073-3450

Mailing Address
 4400 WEST SAMPLE RD., STE. 200
 COCONUT CREEK, FL 33073-3450

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent

POSIN, HARRY
 4400 WEST SAMPLE RD., STE. 200
 COCONUT CREEK, FL 33073-3450

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEER, T.R.	
STREET ADDRESS	4400 WEST SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLEMENT, GARY	
STREET ADDRESS	4400 WEST SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODGERS, FRANK	
STREET ADDRESS	4400 WEST SAMPLE RD., STE. 200	
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELEMAN, MICHELLE	
STREET ADDRESS	4400 W. SAMPLE RD, STE 200	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Frank Rodgers FRANK RODGERS April 22, 2005 (954) 973 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #