

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 # **N24011** (1)
1. Corporation Name
COPPER LAKE ASSOCIATION, INC.



Principal Place of Business
~~17054~~
~~17108~~ NEWPORT CLUB DR
BOCA RATON FL 33496
US

Mailing Address
~~17054~~
~~17108~~ NEWPORT CLUB DR
BOCA RATON FL 33496
US

3. Date Incorporated or Qualified **12/21/1987** 3a. Date of Last Report **03/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0149504	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HARTMANN, DALIA
17108 NEWPORT CLUB DRIVE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name **MARGARET A. HANSEN**
~~PEGGY HANSEN~~
82 Street Address (P.O. Box Number is Not Acceptable)
17054 NEWPORT CLUB DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33496**

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 *Margaret A Hansen Treas.* **MARGARET A HANSEN, TREAS.** **3/13/96**
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRANK, HAROLD	1.2 NAME	MURRAY MARSHIN
STREET ADDRESS	17175 NEWPORT CLUB DR	1.3 STREET ADDRESS	17109 NEWPORT CLUB DRIVE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	SD	2.1 TITLE	
NAME	LEFTON, BARBARA	2.2 NAME	
STREET ADDRESS	17129 NEWPORT CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD MARGARET A HANSEN
NAME	HARTMANN, DALIA	3.2 NAME	(PEGGY HANSEN)
STREET ADDRESS	17108 NEWPORT CLUB DR	3.3 STREET ADDRESS	17054 NEWPORT CLUB DRIVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D	4.1 TITLE	
NAME	KLEIN, BEN	4.2 NAME	
STREET ADDRESS	17204 NEWPORT CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	GLASS, PAULETTE	5.2 NAME	MARLENE DIDNER
STREET ADDRESS	17116 NEWPORT CLUB DR.	5.3 STREET ADDRESS	17061 NEWPORT CLUB DRIVE
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	BOCA RATON FL 33496
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Margaret A Hansen Treas.* **3/13/96** **407-995-7858**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)