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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address  
17022 NEWPORT CLUB DR. BOCA RATON FL 33496 US  
17022 NEWPORT CLUB DR. BOCA RATON FL 33496 US

3. Date Incorporated or Qualified  
12/21/1987  
4. FEI Number 65-0149504  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SCHWARTZ, LESTER  
17022 NEW PORT CLUB DRIVE  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent  
81 Name DAVID S. BILOWIT  
82 Street Address (P.O. Box Number is Not Acceptable) 17062 NEWPORT CLUB DR.  
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 *David S. Bilowit* (NOTE: Registered Agent signature required when reinstating) DATE 2-26-98

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARKIN, MYRNA	
STREET ADDRESS	17109 NEWPORT CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEFTON, BARBARA	
STREET ADDRESS	17129 NEWPORT CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STISS, SOL B	
STREET ADDRESS	17193 NEW PORT CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, DELLAS	
STREET ADDRESS	17065 NEWPORT CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, LESTER	
STREET ADDRESS	17022 NEWPORT CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD SEIDEN, BEVERLY R.
3.3 STREET ADDRESS	17187 NEWPORT CLUB DRIVE
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D GVOSEV, KIRIL
4.3 STREET ADDRESS	17216 NEWPORT CLUB DRIVE
4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD BILOWIT, DAVID
5.3 STREET ADDRESS	17062 NEWPORT CLUB DRIVE
5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Barbara Lefton* BARBARA LEFTON PRES. 3/23/98 561-9956669

CR2E037 (10/97)