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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90010 017 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N24011**

1. Corporation Name  
**COPPER LAKE ASSOCIATION, INC.**

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

Mailing Address  
 17022 NEWPORT CLUB DR.  
 BOCA RATON FL 33496  
 US



2. Principal Place of Business 21 <b>17116 NEWPORT CLUB DR.</b> Suite, Apt. #, etc. 22 <b>-</b>	2a. Mailing Address 26 <b>17116 NEWPORT CLUB DR.</b> Suite, Apt. #, etc. 27 <b>-</b>	3. Date Incorporated or Qualified <b>12/21/1987</b>
23 <b>BOCA RATON, FL.</b> City & State 24 <b>33496</b> Zip 25 <b>U.S.</b> Country	28 <b>BOCA RATON, FL.</b> City & State 29 <b>33496</b> Zip 30 <b>U.S.</b> Country	4. FEI Number <b>65-0149504</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>BILOWIT, DAVID S</b> 17062 NEWPORT CLUB DR BOCA RATON FL 33496	10. Name and Address of New Registered Agent 81 Name <b>GERALD GLASS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>17116 NEWPORT CLUB DRIVE</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33496</b>
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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 *Gerald Glass* **GERALD GLASS** DATE **3-4-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>VD MARKIN, MYRNA</b> STREET ADDRESS <b>17109 NEWPORT CLUB DRIVE</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>PD LEFTON, BARBARA</b> STREET ADDRESS <b>17129 NEWPORT CLUB DR</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE <b>T</b> 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD SEIDEN, BEVERLY R</b> STREET ADDRESS <b>17137 NEWPORT CLUB DR</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 TITLE <b>P</b> 3.2 NAME <b>JAIS DI GENNARO</b> 3.3 STREET ADDRESS <b>17133 NEWPORT CLUB DR.</b> 3.4 CITY-ST-ZIP <b>BOCA RATON, FL. 33496</b>	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D GVOSDEN, KIRRIIL</b> STREET ADDRESS <b>17216 NEWPORT CLUB DR</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 TITLE <b>D</b> 4.2 NAME <b>CYNTHIA RAIMOND</b> 4.3 STREET ADDRESS <b>17209 NEWPORT CLUB DR.</b> 4.4 CITY-ST-ZIP <b>BOCA RATON, FL. 33496</b>	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>SD BILOWIT, DAVID</b> STREET ADDRESS <b>17062 NEWPORT CLUB DR</b> CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 TITLE <b>S</b> 5.2 NAME <b>GERALD GLASS</b> 5.3 STREET ADDRESS <b>17116 NEWPORT CLUB DR.</b> 5.4 CITY-ST-ZIP <b>BOCA RATON, FL. 33496</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 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, with all other like empowered.

SIGNATURE: *Gerald Glass* **GERALD GLASS** DATE **3/4/99** Daytime Phone # **561-241-8271**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)