


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03-04-2005 90082 018 \*\*\*\*61.25  
05 APR -8 PM 1:05

**DOCUMENT # N24014**  
1. Entity Name  
**COPPER LAKE ASSOCIATION, INC.**



Principal Place of Business  
**SWIFT MANAGEMENT  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US**

Mailing Address  
**SWIFT MANAGEMENT  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US**

BUREAU OF  
PLANNING, BUDGET AND  
FINANCIAL SERVICES **40026333**



2. Principal Place of Business  
**Copper Lake Association, Inc.**  
Suite, Apt. #, etc.  
**17221 Newport Club Dr.**  
City & State  
**Boca Raton, FL**

3. Mailing Address  
**Copper Lake Association, Inc.**  
Suite, Apt. #, etc.  
**17221 Newport Club Dr.**  
City & State  
**Boca Raton, FL**

01302005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0149504**

Applied For  
 Not Applicable

Zip  
**33496** Country  
**USA**

Zip  
**33496** Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071**

Agent:  
**Ben Schachter**

7. Name and Address of New Registered Agent  
Name  
**Copper Lake Association, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**17221 Newport Club Drive**

City  
**Boca Raton** FL Zip Code  
**33496**

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  **Ben Schachter** DATE **2/17/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

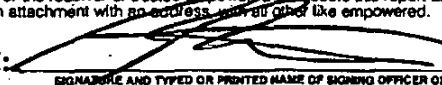
10. OFFICERS AND DIRECTORS

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	Delets
	<input checked="" type="checkbox"/>	KURITZKY, MELVIN	17124 NEWPORT CLUB DRIVE	BOCA RATON, FL 33496	
	<input type="checkbox"/>	CHEN, JOYCE	17120 NEWPORT CLUB DR	BOCA RATON, FL 33496	
	<input type="checkbox"/>	O'REILLY, DAN	17085 NEWPORT CLUB DR	BOCA RATON, FL 33496	
	<input type="checkbox"/>	LARSEN, MILLICENT	17133 NEWPORT CLUB DR	BOCA RATON, FL 33496	
	<input type="checkbox"/>	ALLAN, JOHN	17093 NEWPORT CLUB DR	BOCA RATON, FL 33496	
	<input type="checkbox"/>				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<input type="checkbox"/>	SCHACHTER, BEN	17124 Newport Club Drive	Boca Raton, FL 33496		<input checked="" type="checkbox"/>
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:  **Ben Schachter** DATE **2/17/05** Daytime Phone # **561-999-5995**

Signature and typed or printed name of signing officer or director