2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24011

Entity Name: COPPER LAKE ASSOCIATION, INC.

FILED Feb 09, 2003 Secretary of State

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	WPORT CLUB DR TON, FL 33496 US	17221 NEWPORT (BOCA RATON, FL		
Current Mailing Address:		New Mailing Address:		
17124 NEWPORT CLUB DR BOCA RATON, FL 33496 US		17221 NEWPORT CLUB DR BOCA RATON, FL 33496 US		
FEI Number:	65-0149504 FEI Number Applied For () F	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Addres	Name and Address of New Registered Agent:	
BOCA RAT	ÝPORT CLUB DRIVE TON, FL 33496			
	named entity submits this statement for the purper of Florida.	ose of changing its registe	ered office or registered agent, or both,	
SIGNATUR				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete KURITZKY, MELVIN 17124 NEWPORT CLUB DRIVE BOCA RATON, FL 33496	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete LEON, ROBERT 17069 NEWPORT CLUB DR BOCA RATON, FL 33496		(X) Change ()Addition HAROLD EWPORT CLUB DR ATON, FL 33496 US	
Title: Name: Address: City-St-Zip:	S () Delete SALTZMAN, ESTHER 17054 NEWPORT CLUB DR BOCA RATON, FL	Address: 17049 N	(X) Change () Addition KY, ELLEN EWPORT CLUB DR ATON, FL 33496 US	
Title: Name: Address: City-St-Zip:	T () Delete LARSEN, MILLICENT 17133 NEWPORT CLUB DR BOCA RATON, FL 33496	Address: 17133 N	(X) Change () Addition , MILLICENT EWPORT CLUB DR ATON, FL 33496 US	
Title: Name: Address: City-St-Zip:	MD () Delete SAVADER, PAUL 17212 NEWPORT CLUB DR BOCA RATON, FL 33496		(X) Change () Addition JOHN EWPORT CLUB DR ATON. FL 33496 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. LARSEN T 02/09/2003