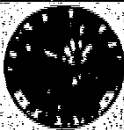


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N41552 (3)
1. Corporation Name
COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1258 BRECKENRIDGE RUN TALLAHASSEE FL 32311 **1258 BRECKENRIDGE RUN TALLAHASSEE FL 32311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3043884	Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**EHRlich, JOSEPH M.
1258 BRECKENRIDGE RUN
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EHRlich, JOSEPH M.
STREET ADDRESS	1258 BRECKENRIDGE RUN
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	HART, W. BEN
STREET ADDRESS	1215 BRECKENRIDGE RUN
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	KELLY, MILDRED
STREET ADDRESS	1198 TUMBLEWEED RUN
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	T
NAME	MARKEY, ANGELA
STREET ADDRESS	1174 COOPER CREEK DR.
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	D
NAME	VICKER, DANIEL R., JR.
STREET ADDRESS	1214 BRECKENRIDGE RUN
CITY-STATE-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph M. Ehrlich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95
Date

878-3079
Telephone #