2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N41552

1. Entity Name
COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 COPPER CREEK DRIVE TALLAHASSEE, FL 32311-4041 US	P.O. BOX 12712 TALLAHASSEE, FL 32317-2712

DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3043884
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JENNA L TREAS.
1214 BRECKENRIDGE RUN
TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000726109
05/03/07-80049-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHOOK, CHRIS
STREET ADDRESS	1220 COPPER CREEK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	SD
NAME	JOHNSON, DONA
STREET ADDRESS	1170 COPPER CREEK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	TRES
NAME	GOMEZ, JENNA L
STREET ADDRESS	1214 BRECKENRIDGE RUN
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jenna L Gomez 4/7/07 (850) 570-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #