

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90338 014 \*\*\*\*61.25

**DOCUMENT # 756294**

1. Entity Name  
**COPPERLEAF HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**% GOUVERT  
6401 CONGRESS AVENUE, SUITE 140  
BOCA RATON, FL 33487**

Mailing Address  
**% GOUVERT  
6401 CONGRESS AVENUE, SUITE 140  
BOCA RATON, FL 33487**

**BY:** \_\_\_\_\_

**50010801**



04052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2080804**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LIPPMAN, KAREN  
% LIPPMAN & LIPPMAN  
6401 CONGRESS AVENUE, SUITE 140  
BOCA RATON, FL 33487**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEMEL, MARIENE 5236 COPPERLEAF CIR. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOHLE, LAWANA 5251 COPPER LEAF CIR. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESHENE, HAROLD 5247 COPPER LEAF CIR. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOURIE, WINIFRED 5168 COPPERLEAD CIRCLE DELRAY BEACH, FL 33484
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: Mariene Semel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06  
Date

561-499-8509  
Daytime Phone #