

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90277 010 \*\*\*\*61.25

**DOCUMENT # 756294**

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



Principal Place of Business  
**% ~~GOVERN~~ LIPPMAN & LIPPMAN**  
**6401 CONGRESS AVENUE, SUITE 140**  
**BOCA RATON, FL 33487**

Mailing Address  
**% ~~GOVERN~~ LIPPMAN & LIPPMAN**  
**6401 CONGRESS AVENUE, SUITE 140**  
**BOCA RATON, FL 33487**

**40078189**



04162007 No Chg-NP CR2E037 (4/06)

**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**

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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, 2007**

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 KOHNL, 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	

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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

4/19/07  
Date

Daytime Phone #