

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90103 043 ****61.25

| | | | |
|--|--|---|---------------------------------|
| DOCUMENT # 756294 1. Entity Name COPPERLEAF HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487 | | Mailing Address LIPPMAN & LIPPMAN 6401 CONGRESS AVENUE, SUITE 140 BOCA RATON, FL 33487 | |
| 2. Principal Place of Business - No P.O. Box # <i>1200 S. Rogers Circle</i> Suite, Apt. #, etc. <i>Ste 3</i> | | 3. Mailing Address <i>1200 S Rogers Circle</i> Suite, Apt. #, etc. <i>Ste 3</i> | |
| City & State <i>Boca Raton FL</i> Zip <i>33487</i> Country | | City & State <i>Boca Raton FL</i> Zip <i>33487</i> Country | |
| 4. FEI Number 59-2080804 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | | 7. Name and Address of New Registered Agent Name <i>Karen Lippman</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Rogers Circle #3</i> City <i>Boca Raton</i> FL Zip Code <i>33487</i> | |
| 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 <i>Karen Lippman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE <i>4/15/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SEMEL, MARIENE 5236 COPPERLEAF CIR. DELRAY BEACH, FL 33484 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| 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 | <input type="checkbox"/> Delete |
| 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 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOURIE, WINIFRED 5168 COPPERLEAF CIRCLE DELRAY BEACH, FL 33484 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| 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: <i>Mariene Semel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE <i>4/19/08</i> | |
| DAYTIME PHONE # <i>499-8506</i> | | DATE <i>4/15/08</i> | |

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