

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756294

FILED
Apr 06, 2009
Secretary of State

Entity Name: COPPERLEAF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1200 S ROGERS CIR
STE 3
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1200 S ROGERS CIR
STE 3
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2080804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPMAN, KAREN
1200 S ROGERS CIR STE 3
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SEMEL, MARIENE
Address: 5236 COPPERLEAF CIR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: KOHNLE, LAWANA
Address: 5251 COPPER LEAF CIR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: DESHENE, HAROLD
Address: 5247 COPPER LEAF CIR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: BOURIE, WINIFRED
Address: 5168 COPPERLEAD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MC GOVERN, MARY
Address: 5240 COPPERLEAF CIR.
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOURIE, WINIFRED
Address: 5168 COPPERLEAD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Change (X) Addition
Name: MILLER, DORIS
Address: 5187 COPPERLEAD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Change (X) Addition
Name: AZARIAN, DIANE
Address: 5199 COPPERLEAD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD DESCHENE

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date