

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756294

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5247 COPPERLEAF CIRCLE  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

5240 COPPERLEAF CIRCLE  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5240 COPPERLEAF CIRCLE  
DELRAY BEACH, FL 33484

**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:**

DESHENE, HAROLD  
5247 COPPERLEAF CIRCLE  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

MCGOVERN, MARY R  
5240 COPPERLEAF CIRCLE  
DELRAY BEACH, FL 33484 US

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: MARY R. MCGOVERN

03/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PRES  
Name: AZARIAN, DIANE  
Address: 5199 COPPERLEAF CIR.  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP  
Name: DINERSTEIN, MURRAY  
Address: 5275 COPPER LEAF CIR.  
City-St-Zip: DELRAY BEACH, FL 33484

Title: SECT  
Name: SIDEMAN, SHIRLEY  
Address: 5166 COPPERLEAF CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: KIEFER, VINCETTA  
Address: 5263 COPPERLEAF CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: KOHNLE, LAWANA  
Address: 5251 COPPERLEAF CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: MARY R. MCGOVERN

TRES

03/20/2011

Electronic Signature of Signing Officer or Director

Date