

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90172 035 ****70.00

DOCUMENT # N00000002580

1. Entity Name

COPPERLEAF GOLF CLUB COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**3451 BONITA BAY BLVD., STE. 202
BONITA SPRINGS FL 34134**

Mailing Address

**3451 BONITA BAY BLVD., STE. 202
BONITA SPRINGS FL 34134**

2. Principal Place of Business

2301 Copperleaf Blvd

3. Mailing Address

2301 Copperleaf Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

Country

34135 USA

Zip

Country

34135 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1012383**

Applied For

Not Applicable

5. Certificate of Status Desired **\$**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILKEY, DENNIS E

**3451 BONITA BAY BLVD., STE. 202
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **Nadine Y. McKenna**

Street Address (P.O. Box Number is Not Acceptable)

2301 Copperleaf Blvd

City **Bonita Springs**

FL

Zip Code

34135

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

[Signature]

Nadine Y. McKenna

1/31/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **GRAHAM, DAVID**
STREET ADDRESS **3451 BONITA BAY BLVD., STE. 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **DP** ☐ Delete
NAME **GLEESON, JOHN M**
STREET ADDRESS **3451 BONITA BAY BLVD., STE. 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☐ Delete
NAME **SCHSTAG, HARVEY**
STREET ADDRESS **3451 BONITA BAY BLVD., STE. 202**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President - B.O.D.** ☐ Change ☒ Addition
NAME **Thomas C. Bowles**
STREET ADDRESS **24020 Copperleaf Blvd**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **Vice President B.O.D.** ☐ Change ☒ Addition
NAME **Jerry Martin**
STREET ADDRESS **23431 Copperleaf Blvd**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **Treasurer B.O.D.** ☐ Change ☒ Addition
NAME **David M. Rydahl**
STREET ADDRESS **23548 Copperleaf Blvd**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **Treasurer & B.O.D. 2/3/03 (239) 495-3645**

CR2E037 (10/02)