## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003690

FILED Mar 13, 2005 Secretary of State

Entity Nar	ne: COPPER	R LAKE RESIDENTS' ASSOCIA	TION, INC	Ο.			
Current Principal Place of Business:				New Principal Place of Business:			
C\O INTEGRATED PROPERTY MGMT 3435-10TH STREET N. 201 NAPLES, FL 34103				CIO BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135			
Current Mailing Address:				New Mailing Address:			
C\O INTEGRATED PROPERTY MGMT 3435-10TH STREET N. 201 NAPLES, FL 34103				C\O BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135			
FEI Number:	03-0447830	FEI Number Applied For ( )	FEI Num	ber Not Appli	icable()	Certificate of Statu	ıs Desired ( )
Name and	Address of 0	Current Registered Agent:		Name and	Address of N	lew Registered A	\gent:
CHRISTOPHER, SHIELDS 1833 HENDRY STREET FORT MYERS, FL 33902 US				RAUBOLT, ROBERT R MANAGER 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135 US			
	named entity e of Florida.	submits this statement for the p	urpose of	changing it	s registered o	ffice or registered	agent, or both,
SIGNATUF	RE: ROBERT	R. RAUBOLT, MANAGER				03/13/200	5
	Electron	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	PD ( REYNOLDS, JO 10521 COPPE BONITA SPRIN	R LAKE DR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( SCANGARELL 10501 COOPE BONITA SPRIN	R LAKE DR		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( MANNING, BOI 10630 COPPE BONITA SPRIN	R LAKE DR		Title: Name: Address: City-St-Zip:	STD (X) HAUSMAN, GEO 10570 COPPER BONITA SPRING	R LAKE DR	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	VD () FRITZSCHE, LY 10601 COPPER BONITA SPRING	R LAKE DRIVE	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	D () LAVINGTON, M 10590 COPPER BONITA SPRING	R LAKE DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN REYNOLDS PD 03/13/2005