## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003690

FILED Feb 04, 2007 Secretary of State

Entity Name: COPPER LAKE RESIDENTS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C\O BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** C\O BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135 FEI Number: 03-0447830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAUBOLT, ROBERT R MANAGER 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition REYNOLDS, JOHN COTT, DENNIS Name: Name: 10521 COPPER LAKE DR Address: 10680 COPPER LAKE DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: TD ( ) Delete Title: () Change () Addition TOMSIK, LOUIS Name: Name: Address: 10620 COOPER LAKE DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: PD () Delete Title: () Change () Addition HAUSMAN, GEORGE Name: Name: 10570 COPPER LAKE DR Address: Address: City-St-Zip: BONITA SPRING, FL 34135 City-St-Zip: Title: SD ( ) Delete Title: (X) Change ( ) Addition Name: VECCHIA, HELEN Name: FARLEY, ROGER 10571 COPPER LAKE DRIVE 10610 COPPER LAKE DRIVE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition LAVINGTON, MIKE Name: Name: 10590 COPPER LAKE DRIVE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE HAUSMAN PD 02/04/2007