

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004385

FILED
Apr 23, 2008
Secretary of State

Entity Name: COPPERLEAF GOLF CLUB FOUNDATION, INC.

Current Principal Place of Business:

23101 COPPERLEAF BOULEVARD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

23101 COPPERLEAF BOULEVARD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-0923425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J ESQ.
1833 HENDRY STREET
FORT MYERS, FL 33901 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: PD () Delete
Name: FAUNCE, RICHARD B
Address: 24090 COPPERLEAF BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SHERRY, DONNA
Address: 23510 CARAWAY LAKES DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: HOKANSON, HERB
Address: 23321 FOXTAIL CREEK
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MC COY, MARY ANN
Address: 10600 COPPER LAKE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: WILLSEY, BARBARA
Address: 23321 CARAWAY LAKES DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: GERSON, LOWELL
Address: 23211 FOXTAIL CREEK
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: RAE, SANDRA R
Address: 24401 COPPERLEAF BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

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

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: SANDRA R RAE

TD

04/23/2008

Electronic Signature of Signing Officer or Director

Date