

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000008939

1. Entity Name
**COPANS INDUSTRIAL CENTER UNITOWERS
ASSOCIATION, INC.**



Principal Place of Business
**2460 NW 17TH LN
POMPANO BCH, FL 33064**

Mailing Address
**2460 NW 17TH LN
SUITE #5
POMPANO BCH, FL 33064**



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4337881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SARVER, VICKI L
2460 NW 17TH LANE
SUITE #5
POMPANO BEACH, FL 33064**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TRES
SARVER, VICKI L
2460 NW 17TH LANE UNIT #5
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRES
LAMOUREUX, SHAWN
2460 NW 17TH LANE UNIT #3
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
WOOTEN, MARK
2460 NW 17TH LANE UNIT #6
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
ZIONG, JIA YUNG
2460 NW 17TH LANE UNIT #7
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Vicki L Sarver - Vicki L Sarver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/08

Date

954-969-4999

Daytime Phone #