



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000006953						<b>FILED</b> <b>08 SEP 15 PM 3:16</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>COPPERLEAF PROPERTY OWNERS ASSOCIATION, INC.</b>				Principal Place of Business <b>C/O GRS MANAGEMENT ASSOCIATES, INC</b> <b>3900 WOODLAKE BLVD STE 309</b> <b>LAKE WORTH, FL 33463</b>			
Mailing Address <b>C/O GRS MANAGEMENT ASSOCIATES, INC</b> <b>3900 WOODLAKE BLVD STE 309</b> <b>LAKE WORTH, FL 33463</b>							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		08292008		Chg-NP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E037 (12/06)			
City & State		City & State		4. FEI Number 20-8440236		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RURY, JEREMY</b> <b>3301 QUANTUM BLVD</b> <b>BOYNTON BCH, FL 33426</b>				Name <b>JOE GILBERT LLAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b> <b>3900 WOODLAKE BLVD. SUITE 309</b> City <b>LAKE WORTH, FL 33463 FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RURY, JEREMY</b> <b>3301 QUANTUM BLVD</b> <b>BOYNTON BCH, FL 33426</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KEVIN BORKENHAGEN</b> <b>3301 QUANTUM BLVD</b> <b>BOYNTON BCH, FL 33426</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SVOPA, STEVE</b> <b>3301 QUANTUM BLVD</b> <b>BOYNTON BCH, FL 33426</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>000135960360</b> <b>09/16/08--01012--006 **61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>OVERMEYER, HEATHER</b> <b>3301 QUENTIN BLVD</b> <b>BOYNTON BEACH, FL 33426</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
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: _____				<b>9.4.08</b> Date _____ Daytime Phone # _____			