

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90025 005 ****61.25

DOCUMENT # N05000011611

1. Entity Name
COPPER CREEK HOA, INC.



40110730



Principal Place of Business
1013 N STATE RD 7
ROYAL PALM BEACH, FL 33411

Mailing Address
1013 N STATE RD 7
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
8136 Okeechobee Blvd
Suite, Apt. #, etc.

City & State
West Palm Bch FL

Zip
33411

Country
Palm Beach

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3949472

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY R. MARGOLIS, P.A.
200 S BISCAYNE BLVD
STE 3400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	PD CARUTO, SHARON 1015 N STATE RD 7 ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8136 Okeechobee Blvd West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIEM, OMAR 1015 N STATE RD 7 ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8136 Okeechobee Blvd West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONUSO, GARY 1015 N STATE RD 7 ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec/Treasurer LOLA KNIGHT 8136 Okeechobee Blvd West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon Caputo 5/10/2007 511 333-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #