

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24011** (1)
1. Corporation Name
COPPER LAKE ASSOCIATION, INC.



Principal Place of Business
~~17054~~
~~17108~~ NEWPORT CLUB DR
BOCA RATON FL 33496
US

Mailing Address
~~17054~~
~~17108~~ NEWPORT CLUB DR
BOCA RATON FL 33496
US

3. Date Incorporated or Qualified **12/21/1987**
3a. Date of Last Report **03/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0149504		Applied For Not Applicable	
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State		27	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	City & State		28	City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	Country	29	Zip	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTMANN, DALIA
17108 NEWPORT CLUB DRIVE
BOCA RATON FL 33496

81 Name **MARGARET A. HANSEN**
~~PEGGY HANSEN~~
82 Street Address (P.O. Box Number is Not Acceptable)
17054 NEWPORT CLUB DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33496**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Margaret A Hansen Treas.* **MARGARET A HANSEN, TREAS.** **3/13/96**
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANK, HAROLD 17175 NEWPORT CLUB DR BOCA RATON FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MURRAY MARSHIN 17109 NEWPORT CLUB DRIVE BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEFTON, BARBARA 17129 NEWPORT CLUB DR BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTMANN, DALIA 17108 NEWPORT CLUB DR BOCA RATON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD MARGARET A HANSEN (PEGGY HANSEN) 17054 NEWPORT CLUB DRIVE BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, BEN 17204 NEWPORT CLUB DR BOCA RATON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, PAULETTE 17116 NEWPORT CLUB DR. BOCA RATON FL 33496 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D MARLENE DIDNER 17061 NEWPORT CLUB DRIVE BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret A Hansen Treas.* **3/13/96** **407-995-7858**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)