

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV -3 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24011

1. Corporation Name

COPPER LAKE ASSOCIATION, INC.

**REINSTATEMENT** (99)

Principal Place of Business

Mailing Address

17054 NEWPORT CLUB DR  
BOCA RATON FL 33496  
US

17054 NEWPORT CLUB DR  
BOCA RATON FL 33496  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/21/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0149504

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33496 USA

USA

33496

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD VD	MARKIN, MURRAY MYRNA	17109 NEWPORT CLUB DR	BOCA RATON FL 33496
SD PD	LEFTON, BARBARA	17129 NEWPORT CLUB DR	BOCA RATON FL 33496
TD TD	HANSEN, MARGARET SOL B. STISS	17054 NEWPORT CLUB DR 17192 NEWPORT CLUB DR	BOCA RATON FL 33496
D	KLEIN, BEN DELLAS WEINSTEIN	17204 NEWPORT CLUB DR 17065 NEWPORT CLUB DR	BOCA RATON FL 33496
SD	BIDNER, MARLENE LESTER SCHWARTZ	17061 NEWPORT CLUB DR 17022 NEWPORT CLUB DR	BOCA RATON FL 33496

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANSEN, MARGARET A  
17054 NEWPORT CLUB DR  
BOCA RATON FL 33496

Name  
LESTER SCHWARTZ  
Street Address (P.O. Box Number Is Not Acceptable)  
17022 NEWPORT CLUB DR.  
Suite, Apt. #, Etc.  
City  
BOCA RATON  
State  
FL  
Zip Code  
33496

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Lester Schwartz*  
REGISTERED AGENT MUST SIGN

Date 10/29/97

100002340781-9

-11/05/97-01107-015

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information. \*\*\*\*2340 Intangible\*\*\*\*236.25

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Barbara Lefton, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/29/97 561-9956669  
Daytime Phone #

CR22040 (8/97)