

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24011** (1)  
1. Corporation Name  
**COPPER LAKE ASSOCIATION, INC.**



Principal Place of Business <b>17022 NEWPORT CLUB DR. BOCA RATON FL 33496 US</b>	Mailing Address <b>17022 NEWPORT CLUB DR. BOCA RATON FL 33496 US</b>
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3. Date Incorporated or Qualified <b>12/21/1987</b>	
4. FEI Number <b>65-0149504</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>SCHWARTZ, LESTER 17022 NEW PORT CLUB DRIVE BOCA RATON FL 33496</b>	

10. Name and Address of New Registered Agent	
81 Name <b>DAVID S. BILOWIT</b>	85 Zip Code <b>33496</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>17062 NEWPORT CLUB DR.</b>	
83 City <b>BOCA RATON FL</b>	

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: *David S. Bilowit* (NOTE: Registered Agent signature required when reinstating) DATE: **2-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	NAME <b>MARKIN, MYRNA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>17109 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	1.2 NAME	
TITLE <b>PD</b>	NAME <b>LEFTON, BARBARA</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>17129 NEWPORT CLUB DR</b>	CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>STISS, SOL B</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>17193 NEW PORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	2.2 NAME	
TITLE <b>D</b>	NAME <b>WEINSTEIN, DELLAS</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>17065 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>SCHWARTZ, LESTER</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>17022 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON FL 33496</b>	3.2 NAME	
TITLE <b>D</b>	NAME <b>SEIDEN, BEVERLY R.</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>17062 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>GROSDEN, KIRIL</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>17216 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	4.2 NAME	
TITLE <b>SD</b>	NAME <b>BILOWIT, DAVID</b>	4.3 STREET ADDRESS	
STREET ADDRESS <b>17062 NEWPORT CLUB DRIVE</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33496</b>	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Lefton* **BARBARA LEFTON** **3/23/98 561-9956669**

CR2E037 (10/97)