

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90076 005 \*\*\*\*61.25

**DOCUMENT # N24011**

1. Entity Name

**COPPER LAKE ASSOCIATION, INC.**

*P*

Principal Place of Business

17116 NEWPORT CLUB DR  
 BOCA RATON FL 33496  
 US

Mailing Address

17116 NEWPORT CLUB DR  
 BOCA RATON FL 33496  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*17209 Newport Club Dr*  
 Suite, Apt. #, etc.

3. Mailing Address

*17209 Newport Club Dr*  
 Suite, Apt. #, etc.

City & State

*Boca Raton, Fl.*

City & State

*Boca Raton, Fl.*

4. FEI Number

**65-0149504**

Applied For

Not Applicable

Zip

*33496*

Country

*USA*

Zip

*33496*

Country

*USA*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASS, GERALD**  
 17116 NEWPORT CLUB DR  
 BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name **CYNTHIA RAIMOND**

Street Address (P.O. Box Number is Not Acceptable)  
*17209 NEWPORT CLUB DRIVE*

City **Boca Raton, FL** Zip Code **33496**

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.

SIGNATURE *Cynthia Raimond* **CYNTHIA RAIMOND - PRESIDENT. 9-7-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARKIN, MYRNA	
STREET ADDRESS	17109 NEWPORT CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEFTON, BARBARA	
STREET ADDRESS	17129 NEWPORT CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DI GENNARO, IRIS	
STREET ADDRESS	17133 NEWPORT CLUB DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAIMOND, CYTHIA RAIMOND	
STREET ADDRESS	17209 NEWPORT CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GLASS, GERALD	
STREET ADDRESS	17116 NEWPORT CLUB DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allan, John	
STREET ADDRESS	17093 Newport Club Dr	
CITY-ST-ZIP	Boca Raton, Fl, 33496	
TITLE	TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, BARBARA	
STREET ADDRESS	17129 Newport Club Dr	
CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raimond, Cynthia	
STREET ADDRESS	17209 Newport Club Dr.	
CITY-ST-ZIP	Boca Raton, Fl 33496	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Basciano, Joseph	
STREET ADDRESS	17050 Newport Club Dr	
CITY-ST-ZIP	Boca Raton, Fl 33496	
TITLE	AT LARGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, BEN	
STREET ADDRESS	17177 Newport Club Dr	
CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Cynthia Raimond* **CYNTHIA RAIMOND, PRES(561)989-9222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)