

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

92 JUL 23 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41552 (3)
1. Corporation Name
COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1258 BRECKENRIDGE RUN TALLAHASSEE FL 32311 1198 Tumbleweed Run Tallahassee FL 32311	Mailing Address 1258 BRECKENRIDGE RUN TALLAHASSEE FL 32311 1198 Tumbleweed Run Tallahassee FL 32311
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REINSTATEMENT 98-99

3. Date Incorporated or Qualified 01/08/1991	Applied For Not Applicable
4. FEI Number 59-3043884	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No	

2. Principal Place of Business 21 1198 Tumbleweed Run Suite, Apt. #, etc. 22 City & State 23 Tallahassee Zip 24 FL Country 25 32311	2a. Mailing Address 26 1198 Tumbleweed Run Suite, Apt. #, etc. 27 City & State 28 Tallahassee Zip 29 FL Country 30 32311
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9. Name and Address of Current Registered Agent
MARKY, RAY
1206 BRECKENRIDGE RUN
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent 81 Name Mildred Kelly 82 Street Address (P.O. Box Number is Not Acceptable) 1198 Tumbleweed Run 83 84 City Tallahassee FL 85 Zip Code 32311

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/18/99

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKY, RAY 1206 BRECKENRIDGE RUN TALLAHASSEE FL 32311 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President KELLY, MILDRED 1198 TUMBLEWEED RUN TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary VICKER, DANIEL R JR. 1214 BRECKENRIDGE RUN TALLAHASSEE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + Director Dawn Nixon 1222 Copper Creek Dr Tallahassee FL 32311 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer + Director Dawn Nixon 1222 Copper Creek Dr Tallahassee FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Arlyn Elizee 1218 Breckenridge Run Tall FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President Jackie Rickert 1210 Breckenridge Run Tall FL, 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	600002950856-005 -08/04/99--01074--005 ****297.50 ****297.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Mildred Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARLYN ELIZEE

DATE 2/18/99
7/17/99
488-1763
488-5576

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CR2E037 (5/98)