



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

**COPPER CREEK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1198 FUMBLEWEED RUN  
TALLAHASSEE FL 32311

1198 JUNGLEWEED RUN  
TALLAHASSEE FL 32311

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**

01/08/1991

Suite, Apt. #, etc.,

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State Tallahassee, Florida

City & State  
Tallahassee, Florida

59-3043884

Not Applicable

Zip 32311

Country USA

Zip 32311

Country USA

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

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	4 City / State / Zip
TD	MIXON, DAWN	1222 COPPER CREEK DR	TALLAHASSEE FL 32311
P	ELIZEE, ARLYN	1218 BRECKENRIDGE RUN	TALLAHASSEE FL 32311
DS	VICKER, DANIEL R JR.	1214 BRECKENRIDGE RUN	TALLAHASSEE FL 32311
VPD	RICKER, JACKIE	1210 BRECKENRIDGE RUN	TALLAHASSEE FL 32311
			<div>800003488078--3</div> <div>-12/05/10--01092--034</div> <div>****236.25 ****236.25</div>
		<div>REINSTATEMENT</div> <div>00</div>	

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

~~KELLY, MILDRED~~  
~~1198 TUMBLEWEED RUN~~  
~~TALLAHASSEE FL 32311~~

Name Daniel R. Vicker Jr

Street Address (P.O. Box Number is Not Acceptable)  
1214 Breckenridge Run  
Suite, Apt. #, Etc.

City	Tallahassee	State	FL	Zip Code	32311
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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

REGISTERED AGENT MUST SIGN

Date OCT. 27, 2000

11. I certify that I am an officer or director of 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)(i), 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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 27, 2000

Date \_\_\_\_\_

Dan Vicker

(850) 942-  
Daytime Phone #

# 7309