

3/27

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 8:00 am**
Secretary of State

03-27-2001 90029 011 ****61.25

DOCUMENT # N41552

1. Entity Name

COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1214 BRECKENRIDGE RUN
TALLAHASSEE FL 32311
US1214 BRECKENRIDGE RUN
TALLAHASSEE FL 32311
US

2. Principal Place of Business

1203 BRECKENRIDGE RUN

3. Mailing Address

1203 BRECKENRIDGE RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. FEI Number

59-3043884

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VICKER, DANIEL R JR
1214 BRECKENRIDGE RUN
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

BETH VAUGHN

Street Address (P.O. Box Number is Not Acceptable)

1203 BRECKENRIDGE RUN

City

TALLAHASSEE

FL

Zip Code

32311

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

Beth Vaughn

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

BETH VAUGHN, TREASURER

(NOTE: Registered Agent signature required when reinstating)

3-18-01

DATE

FILE NOW:**FEE IS \$61.25**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIXON, DAWN 1222 COPPER CREEK DR TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIZEE, ARLYN 1218 BRECKENRIDGE RUN TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VICKER, DANIEL R JR. 1214 BRECKENRIDGE RUN TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICKER, JACKIE 1210 BRECKENRIDGE RUN 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BETH VAUGHN 1203 BRECKENRIDGE RUN TALLAHASSEE, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BETH VAUGHN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-01

Date

850-488-1495

Daytime Phone #

CR2E037 (10/00)