

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41552

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** COPPER CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1174 COPPER CREEK DRIVE  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

1174 COPPER CREEK DR  
TALLAHASSEE, FL 32311 US

**Current Mailing Address:**

P.O. BOX 12712  
TALLAHASSEE, FL 323172712

**New Mailing Address:**

P O BOX 12712  
TALLAHASSEE, FL 32317

**FEI Number:** 59-3043884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARKY, ANGIE  
1174 COPPER CREEK DRIVE  
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

MARKY, ANGIE  
1174 COPPER CREEK DR  
TALLAHASSEE, FL 32311 US

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: LINDA M. SLADE, TREASURER

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARKY, ANGIE  
Address: 1174 COPPER CREEK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete  
Name: MOGG, JACKIE  
Address: 1165 TUMBLEWEED RUN  
City-St-Zip: TALLAHASSEE, FL 32311

Title: 1VP ( ) Delete  
Name: BARANY, ERNIE JR.  
Address: 1162 TUMBLEWEED RUN  
City-St-Zip: TALLAHASSEE, FL 32311

Title: 2VP ( ) Delete  
Name: DAVIS, RISA  
Address: 1191 TUMBLEWEED RUN  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete  
Name: SLADE, LINDA  
Address: 1228 COPPER CREEK DR  
City-St-Zip: TALLAHASSEE, FL 32311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARKY, ANGIE  
Address: 1174 COPPER CREEK DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. SLADE

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date