

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 07, 2010**  
**Secretary of State**

DOCUMENT# N41552

**Entity Name:** COPPER CREEK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1174 COPPER CREEK DR  
TALLAHASSEE, FL 32311 US**New Principal Place of Business:**1210 BRECKENRIDGE RUN  
TALLAHASSEE, FL 32311 US**Current Mailing Address:**PO BOX 12712  
TALLAHASSEE, FL 32317**New Mailing Address:**1210 BRECKENRIDGE RUN  
TALLAHASSEE, FL 32311 US**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 DR  
TALLAHASSEE, FL 32311 US**Name and Address of New Registered Agent:**BURNS, AMBER  
1210 BRECKENRIDGE RUN  
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: AMBER BURNS

06/07/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BURNS, AMBER  
Address: 1210 BRECKENRIDGE RUN  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T D  
Name: YATES, TRICIA  
Address: 1167 TUMBLEWEED RUN  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

I hereby 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 all other like empowered.

SIGNATURE: TRICIA YATES

T/D

06/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date