

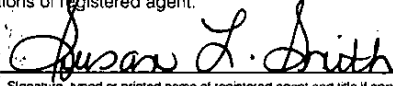



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90005 020 \*\*\*\*61.25

<b>DOCUMENT # N50306</b> 1. Entity Name <b>COPPER CREEK UNIT II HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1103 COOPER CREEK COURT</b> <b>TALLAHASSEE, FL 32311 US</b> <b>COPPER</b>		Mailing Address <b>COPPER</b> <b>1103 COOPER CREEK COURT</b> <b>TALLAHASSEE, FL 32311 US</b>			
2. Principal Place of Business <b>1119 Copper Creek Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>1119 Copper Creek Court</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3315432</b>	
Zip <b>32311</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, GERI L</b> <b>1103 COOPER CREEK COURT</b> <b>TALLAHASSEE, FL 32311</b>				7. Name and Address of New Registered Agent Name <b>Smith, Susan L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1119 Copper Creek Ct</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32311</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>Susan L. Smith</b>		<b>8/24/06</b> DATE	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>FREEMAN, BETH</b> <b>1031 COPPERCREEK DR</b> <b>TALLAHASSEE, FL 32311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, ELEANOR H.</b> <b>1093 COPPER CREEK COURT</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, GWEN</b> <b>1109 COPPER CREEK CT.</b> <b>TALLAHASSEE, FL 32311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HALLMARK, SALLIE</b> <b>1111 COPPER CREEK COURT</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>YON, FRENCHIE</b> <b>1087 COPPER CREEK CR</b> <b>TALLAHASSEE, FL 32311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BORGES, GLADYS</b> <b>1039 COPPER CREEK DRIVE</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, GERI</b> <b>1103 COPPER CREEK CT</b> <b>TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, GERI</b> <b>1103 COPPER CREEK COURT</b> <b>TALLAHASSEE FL 32311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERMAN, MAGDA</b> <b>1037 COPPER CREEK DRIVE</b> <b>TALLAHASSEE, FL 32311</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERSON, AARON</b> <b>1086 COPPER CREEK DR</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, SUSAN</b> <b>1119 COPPER CREEK COURT</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		<b>8/24/06</b> Date		<b>922-9862</b> Daytime Phone #	