

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90006 012 \*\*\*\*61.25

**DOCUMENT # 754172**

1. Entity Name

**COPPOLA VILLAS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

141 RIVERSIDE DR JUPITER  
 6-E  
 JUPITER, FL 33469

141 RIVERSIDE DR JUPITER  
 6-E  
 JUPITER FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, BRUCE A  
 141 E. RIVERSIDE DRIVE  
 #10-B  
 JUPITER FL 33469

Name: *Hutchinson, Andrew N*

Street Address (P.O. Box Number is Not Acceptable)  
*141 E Riverside Dr #12-C*

City: *Jupiter* FL Zip Code: *33469*

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: *Andrew Hutchinson*

Date: *9/6/00*

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

(NOTE: Registered Agent signature required when reinstating)

Date

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | JOHNSON, BRUCE A              |  |
| STREET ADDRESS | 141 E. RIVERSIDE DRIVE, #10-B |  |
| CITY-ST-ZIP    | JUPITER FL 33469              |  |
| TITLE          | VD                            | <input type="checkbox"/> Delete            |
| NAME           | EATON, CATHIJO                |  |
| STREET ADDRESS | 141 E. RIVERSIDE DRIVE, #10-C |  |
| CITY-ST-ZIP    | JUPITER FL 33469              |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | DORAN, CONNIE                 |  |
| STREET ADDRESS | 141 E. RIVERSIDE DRIVE, #11-D |  |
| CITY-ST-ZIP    | JUPITER FL 33469              |  |
| TITLE          | TD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | KEYS, CHRIS                   |  |
| STREET ADDRESS | 141 E. RIVERSIDE DRIVE, #9-C  |  |
| CITY-ST-ZIP    | JUPITER FL 33469              |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | BUCHECKER, TERI               |  |
| STREET ADDRESS | 141 E. RIVERSIDE DRIVE, #11-A |  |
| CITY-ST-ZIP    | JUPITER FL 33469              |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          | TD                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <i>Hutchinson, Andrew</i>      |  |
| STREET ADDRESS | <i>141 Riverside Dr, #12-C</i> |  |
| CITY-ST-ZIP    | <i>Jupiter FL 33469</i>        |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

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: *Andrew Hutchinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *9/6/00* Daytime Phone #: *561-743-2801*

CR2E037 (5/00)