

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754172

1. Entity Name

COPPOLA VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

141 RIVERSIDE DR JUPITER  
6-E  
JUPITER FL 33469

Mailing Address

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUTCHINSON, ANDREW N  
141 E. RIVERSIDE DRIVE  
12-C  
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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 PD ☒ Delete  
NAME JOHNSON, BRUCE A  
STREET ADDRESS 141 E. RIVERSIDE DRIVE, #10-B  
CITY-ST-ZIP JUPITER FL 33469

TITLE VD ☐ Delete  
NAME EATON, CATHIJO  
STREET ADDRESS 141 E. RIVERSIDE DRIVE, #10-C  
CITY-ST-ZIP JUPITER FL 33469

TITLE SD ☐ Delete  
NAME DORAN, CONNIE  
STREET ADDRESS 141 E. RIVERSIDE DRIVE, #11-D  
CITY-ST-ZIP JUPITER FL 33469

TITLE TD ☒ Delete  
NAME KEAYS, CHRIS  
STREET ADDRESS 141 E. RIVERSIDE DRIVE, #9-C  
CITY-ST-ZIP JUPITER FL 33469

TITLE D ☐ Delete  
NAME BUCHECKER, TERI  
STREET ADDRESS 141 E. RIVERSIDE DRIVE, #11-A  
CITY-ST-ZIP JUPITER FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90160 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)