


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

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 C.U.P.O.A. P.O. BOX 3501 JUPITER, FL 33469
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03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUTCHINSON, ANDREW N
 141 E. RIVERSIDE DRIVE
 12-C
 JUPITER, FL 33469

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHLEU, LAURIE 141 RIVERSIDE DR #9-A JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORAN, CONNIE 141 E. RIVERSIDE DRIVE, #11-D JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HITCHSON, ANDREW 141 RIVERSIDE DR #12-6 JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITCHSON, VANESSA 141 RIVERSIDE DR #9C JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/18/05-80059-002 61.25

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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 Hitchson 3/18/05 561-743-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #