

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002580

Entity Name: COPPERLEAF GOLF CLUB COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**23101 COPPERLEAF BLVD.
BONITA SPRINGS, FL 34135**Current Mailing Address:**23101 COPPERLEAF BLVD.
BONITA SPRINGS, FL 34135**FEI Number: 65-1012383****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BICHALSKI, TRACI
23101 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135 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:** TRACI BICHALSKI

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, BOD
Name NOVAK, BONNI
Address 23411 FOXTAIL CREEK
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, BOD
Name STAINES, MARK
Address 10550 COPPER LAKE DR
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name FINARELLI, HUGO
Address 23351 FOXTAIL CREEK
City-State-Zip: BONITA SPRINGS FL 34135

Title BOD
Name HANSON, HAROLD
Address 24070 COPPERLEAF BLVD
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name TREVICK, DEBRA
Address 23821 COPPERLEAF BLVD
City-State-Zip: ESTERO FL 34135

Title DIRECTOR
Name HOCKMAN, RICHARD
Address 24231 COPPERLEAF BLVD
City-State-Zip: ESTERO FL 34135

Title DIRECTOR
Name REID, LEONARD
Address 24401 COPPERLEAF BOULEVARD
City-State-Zip: ESTERO FL 34135

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: MARK STAINES**PRESIDENT**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date