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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759846 (9)

1. Corporation Name
C.P.C. ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES RD
7932 WILES ROAD CORAL SPRINGS FL 33067-2071
CORAL SPRINGS FL 33067
US

3. Date Incorporated or Qualified 08/31/1981 3a. Date of Last Report 04/08/1996
4. FEI Number 59-2390409 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HENANN, DEE
1699 CYPRESS POINTE DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name Dee Henann
82 Street Address (P.O. Box Number is Not Acceptable) 5524 N. W. 57th Terrace e
83
84 City Coral Springs FL 85 Zip Code 33071

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dee Henann as Director* DATE 2/25/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	V	<input type="checkbox"/>
NAME	HILLEBRAND, WAYNE	
STREET ADDRESS	1618 CYPRESS POINTE DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/>
NAME	HENANN, DEE	
STREET ADDRESS	1699 CYPRESS POINTE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/>
NAME	SILVERS, JANET	
STREET ADDRESS	1690 CYPRESS POINTE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WEINTRAUB, AL	
STREET ADDRESS	1613 CYPRESS POINTE DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/>
NAME	SOREN, BARRY R.	
STREET ADDRESS	1612 CYPRESS POINTE DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Barry Soren		
1.3 STREET ADDRESS	1612 Cypress Pointe Drive		
1.4 CITY-ST-ZIP	Coral Springs, FL 33071		
2.1 TITLE	S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Janet Miller		
2.3 STREET ADDRESS	1690 Cypress Pointe Drive		
2.4 CITY-ST-ZIP	Coral Springs, FL 33071		
3.1 TITLE	T/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Dee Henann		
3.3 STREET ADDRESS	5524 N. W. 57th Terrace		
3.4 CITY-ST-ZIP	Coral Springs, FL 33065		
4.1 TITLE	V/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Dodie Partelow		
4.3 STREET ADDRESS	2021 N. W. 107th Drive		
4.4 CITY-ST-ZIP	Coral Springs, FL 33071		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Dee Henann* DATE: 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025639

CR2E037 (9/96)