FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759846

1. Corporation Name

C.P.C. ASSOCIATION, INC.

Principal	Place	of	Business

Mailing Address

C/O BENCKMARK PROPERTY MANAGEMENT 7932 WILES ROAD

7932 WILES RD

2a. Mailing Address

26

CORAL SPRINGS FL 33067

21

2. Principal Place of Business

CORAL SPRINGS FL 33067

FILED Mar 10, 1999 8:00 am § Secretary of State

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Applied For

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	113
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3. Date incorporated or Qualifed

08/31/1981

4. FEI Number

Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number Applie			
22	27			59-2390409 Not A	pplicable			
City & State				E Cadifacta of Status Desired	\$8.75 Additional			
23	28			5. Certificate of Status Desired	red			
Zip	Country	Zip Country		ntry	6. Election Campaign Financing \$5.00 Ma	y Be		
24	25	29 30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
	-			81 Name		•		
HENANN.	NEC		-	82 Street	Darlene Goldberg Address (P.O. Box Number is Not Acceptable)			
				OZ GUEGO	1602 Cypress Pointe Drive			
5524 N.W. 57TH TERRACE			83					
CORAL SPRINGS FL 33071								
			İ	84 City	Coral Springs FL 85 Zip Cod 330			
11 Purcuant	to the provisions of Sections 617 0502	and 617 1508 Florida Stat	utes, the at		l composition cultimite this statement for the nurrose of changing its red	istered		
office or re	egistered agent, or both, in the State of	Florida. Such change was	authorized	by the corpo	oration's board of directors. I hereby accept the appointment as regist	ered		
agent. I ai	m familiar with and accept the obligation	yrs of Section 617.0503, F	iorida Statu	tes.	3 24-55			
SIGNATURE	Muchine	My July	TE: Decistored	Acont eigensture r	required when reinstating) DATE DATE			
12.	Signature, typed or printed name of registered agent. OFFICERS AND		13.	ngent agnature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12		
TITLE	PD	DELETE	1.1 गा	LE		Addition		
NAME			1.2 NA		Darlene Goldberg			
	TICHTUM, DCC		ŀ	REET ADDRESS	1602 Cypress Pointe Drive			
STREET ADDRESS	5524 NW 57TH TERRACE				Coral Springs, FL 33071	. [
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DELETE	1.4 CI	Y-ST-ZIP	S/D Change	Addition		
TITLE	VD	DECETE			Wayne Hillebrand			
NAME	MILLER, JANET		2.2 NA					
STREET ADDRESS	5524 CYPRESS POINTE DRIVE			REET ADDRESS		1		
CITY-ST-ZIP	CORAL SPRINGS FL 33071			TY-ST-ZIP	Coral Springs, FL 33071	☐ Addition		
TITLE	STD	☐ DELETE	3.1 ∏		1 - 1	TA MODITION		
NAME	Goldberg, Darlene		3.2 NA	ME	Christian Rodrique	,		
STREET ADDRESS	1602 CYPRESS POINTE DRIVE		3.3 ST	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.00	3.4. CI	TY-ST-ZIP	Coral Springs, FL 33071	- A 4400		
TITLE		☐ DELETE	4.1 TS	LĒ	Change	☐ Addition		
NAME			4. 2 N	WE	\cdot	·		
STREET ADDRESS			4.3 ST	REET ADDRESS	3			
CITY-ST-ZIP		<u></u>	4.4 CF	Y-ST-Z#P				
TITLE		☐ DELETE	5.1 TR	LE	☐ Change	Addition		
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 CF	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE	☐ Change	Addition		
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
			6.4 CC	Y-ST-ZIP	,	}		
CITY-ST-ZIP	and it, that the information supplied with	this filing does not qualify			ed in Section 119.07(3)(i), Florida Statutes. I further certify that the info	mation		

Interest centry that the morthalion supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(f), Florida Statutes. I further certify that the morthalion 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 copporation 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 prints an address, with all other like empowered.

SIGNATURE:

Davtime Phone #