

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759846

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: C.P.C. ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ABSOLUTE PROPERTY MANAGEMENT  
541 S. ST. RD. 7, #12  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ABSOLUTE PROPERTY MANAGEMENT  
541 S. ST. RD. 7, #12  
MARGATE, FL 33068 US

**New Mailing Address:**

FEI Number: 59-2390409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABSOLUTE PROPERTY MANAGEMENT  
541 S. ST. RD. 7, #12  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRIEDMAN, RICHARD  
Address: 1697 CYPRESS POINTE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: PULECIO, MIGUEL  
Address: 1603 CYPRESS POINTE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S ( ) Delete  
Name: VANEGAS, ANGELA  
Address: 1611 CYPRESS PONITE DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CJ CANFIELD, AGENT

AG

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date