

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000005122

Entity Name: CCP PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2855 LEJEUNE ROAD 4TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**2855 LEJEUNE ROAD 4TH FLOOR
CORAL GABLES, FL 33134**FEI Number:** 36-4870520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBB, KOLLEEN
2855 LEJEUNE ROAD 4TH FLOOR
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	STORMES, JEANNE
Address	2855 LEJEUNE ROAD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DVPT
Name	GODOY, JUAN (RUSTY)
Address	2855 LEJEUNE ROAD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DVPS
Name	MARTINEZ, MARGARITA
Address	2855 LEJEUNE ROAD 4TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	HOENER, JAMES A.
Address	4348 SOUTHPOINT BLVD. SUITE 330
City-State-Zip:	JACKSONVILLE FL 32216

Title	A.S.
Name	POSTON, CHRISTY
Address	4348 SOUTHPOINT BLVD. SUITE 330
City-State-Zip:	JACKSONVILLE FL 32216

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: CHRISTY POSTON**ASSISTANT SECRETARY** 04/19/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date