

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005122

**Entity Name:** CCP PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**101 MONTGOMERY STREET  
SUITE 200  
SAN FRANCISCO, CA 94104**Current Mailing Address:**101 MONTGOMERY STREET  
SUITE 200  
SAN FRANCISCO, CA 94104 US**FEI Number:** 36-4870520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MESA, MAGDA  
2335 NW 107TH AVE  
SUITE MC8  
DORAL, FL 33172 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:** MAGDA MESA

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                    |
|-----------------|------------------------------------|
| Title           | DIRECTOR                           |
| Name            | DECONINCK, JACOB                   |
| Address         | 101 MONTGOMERY STREET<br>SUITE 200 |
| City-State-Zip: | SAN FRANCISCO CA 94104             |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | DIRECTOR                           |
| Name            | LUECK, STEPHEN                     |
| Address         | 101 MONTGOMERY STREET<br>SUITE 200 |
| City-State-Zip: | SAN FRANCISCO CA 94104             |

|                 |                                    |
|-----------------|------------------------------------|
| Title           | D                                  |
| Name            | MEYER, JOHN                        |
| Address         | 101 MONTGOMERY STREET<br>SUITE 200 |
| City-State-Zip: | SAN FRANCISCO CA 94104             |

*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:** STEPHEN LUECK

DIRECTOR

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date