

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90022 014 ****61.25

DOCUMENT # N03000007245

1. Entity Name
CPP CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10100 W SMAPLE RD
CORAL SPRINGS, FL 33065

Mailing Address
10100 W SMAPLE RD
CORAL SPRINGS, FL 33065

60060607



03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0229928

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UNITED COMMUNITY MANAGEMENT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SCHWENTER, PAUL
11776 W SAMPLE RD, #104
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WILSON, KEN
10100 W SAMPLE RD, #204
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SOLOMON, HOWARD
11776 W SAMPLE RD
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] UP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

954.752-8119

Daytime Phone #