
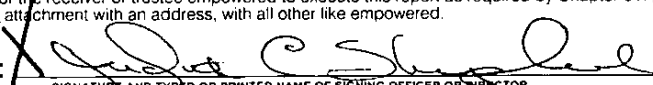


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90032 015 \*\*\*\*61.25

<b>DOCUMENT # N32054</b> 1. Entity Name <b>CCM CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4848 NE 23 AVE</b> <b>FT. LAUDERDALE, FL 33308 US</b>			Mailing Address <b>4848 NE 23 AVE</b> <b>FT. LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1053787</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANSON, JOE</b> <b>4848 NE 23RD AVE #6B</b> <b>FT. LAUDERDALE, FL 33308</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSON, JOE		NAME	ROSIE CHANCE	
STREET ADDRESS	4848 NE 23 AVE #6B		STREET ADDRESS	4848 NE 23 AVE # 3B	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEPHERD, JUDY		NAME		
STREET ADDRESS	4848 NE 23 AVE., #2B		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAKAS, MAXINE		NAME		
STREET ADDRESS	4848 NE 23 AVE #9A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKE, MARYANNE		NAME	Vice President Wilma Brooks	
STREET ADDRESS	4848 NE 23RD AVE #9B		STREET ADDRESS	4848 NE 23 AVE # 7B	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELDER, HALLIE		NAME		
STREET ADDRESS	4848 NE 23 AVE., #3A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGLE, BILL		NAME		
STREET ADDRESS	4848 NE 23 AVE., #4B		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			4/10/08 (954)647-9187		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		