

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32054

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CCM CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4848 NE 23 AVE  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4848 NE 23 AVE  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 59-1053787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANSON, JOE  
4848 NE 23RD AVE #6B  
FT. LAUDERDALE, FL 33308 US

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

CHANCE, ROSIE  
4848 NE 23RD AVE #3B  
FT. LAUDERDALE, FL 33308 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: ROSIE CHANCE

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHANCE, ROSIE  
Address: 4848 NE 23 AVE. #38  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T ( ) Delete  
Name: SHEPHERD, JUDY  
Address: 4848 NE 23 AVE. #2B  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete  
Name: BROOKS, WILMA  
Address: 4848 NE 23 AVE. #78  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD ( ) Delete  
Name: BATCHELDER, HALLIE  
Address: 4848 NE 23 AVE , #3A  
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: P (X) Change ( ) Addition  
Name: BROOKS, WILMA  
Address: 4848 NE 23 AVE. #7B  
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: VP (X) Change ( ) Addition  
Name: ENGEL, BILL  
Address: 4848 NE 23 AVE. #4B  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD (X) Change ( ) Addition  
Name: POOLE, ALICIA  
Address: 4848 NE 23 AVE , #6C  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: JUDY SHEPHERD

TREA

04/08/2009

Electronic Signature of Signing Officer or Director

Date