FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:20

DOCUMENT # 747497 (6)

1. Corporation Name

CONCORD VILLAGE CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6401 N. UNIVERSITY DRIVE APARTMENT 222 TAMARAC FL 33321-4006 US	6401 NORTH UNIVERSITY DIRVE APARTMENT 212 TAMARAC FL 33321-4006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1979
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2109627 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 6401 N. University Dr.	2a. Mailing Address 26 6401 N. University Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #122
City & State 23 Tamarac FL	City & State 28 Tamarac, FL
Zip / Country 24 33321-4006 25 Broward	Zip / Country 29 33321-4006 30 Broward

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGIN, WILLIE
6401 N. UNIVERSITY DR.
SUITE 122
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent must sign if required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	VULPUS, WILLIE	12 NAME		
STREET ADDRESS	6401 N UNIVERSITY DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP		
TITLE	~~D~~	21 TITLE	TD	☒ Change ☐ Addition
NAME	WEINER, HY	22 NAME		
STREET ADDRESS	6401 N. UNIVERSITY DR., SUITE 302	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	HOCHSTEIN, SHIRLEY	32 NAME		
STREET ADDRESS	6401 N UNIVERSITY DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	MAGIN, WILLY	42 NAME		
STREET ADDRESS	6401 N UNIVERSITY DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	HAUSEN, MILTON	52 NAME	STONE, MANNY	
STREET ADDRESS	6401 N UNIVERSITY DRIVE	53 STREET ADDRESS	6401 N. UNIVERSITY DR.	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	TAMARAC, FL	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	SHEEGER, EMANUEL	62 NAME		
STREET ADDRESS	6401 N UNIVERSITY DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Willie W. Magin
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

2/10/95 (305) 722 3543
DATE TELEPHONE NUMBER

0046014