

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 747497

1. Entity Name
**CONCORD VILLAGE CONDOMINIUM II ASSOCIATION,
INC.**



Principal Place of Business
**6401 N UNIVERSITY DR
SUITE 122
TAMARAC, FL 33321-4006 US**

Mailing Address
**6401 N UNIVERSITY DR
SUITE 122
TAMARAC, FL 33321-4006 US**



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2109627

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

**MAGIN, WILLY
6401 N UNIVERSITY DR
TAMARAC, FL 33321**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000084200
11/10/04-80070-002 51.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
VULPUS, WILLIE
6401 N UNIVERSITY DRIVE
TAMARAC, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOCHSTEIN, SHIRLEY
6401 N UNIVERSITY DRIVE
TAMARAC, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAGIN, WILLY
6401 N UNIVERSITY DRIVE
TAMARAC, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHEEGER, EMANUEL
6401 N UNIVERSITY DRIVE
TAMARAC, FL**

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 exemption stated in Section 119.07(3)(i), 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: *Willy Magin President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04 9547223593

Date

Daytime Phone #