2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 747497

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

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

04072005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2109627
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGIN, WILLY
6401 N UNIVERSITY DR
TAMARAC, FL 33321

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	VULPUS, WILLIE
STREET ADDRESS	6401 N UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL
TITLE	SD
NAME	HOCHSTEIN, SHIRLEY
STREET ADDRESS	6401 N UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL
TITLE	PD
NAME	MAGIN, WILLY
STREET ADDRESS	6401 N UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL
TITLE	VD
NAME	SHEEGER, EMANUEL
STREET ADDRESS	6401 N UNIVERSITY DRIVE
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000297527
04/11/05-80029-020 61.25

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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: Willie Magin WILLIE MAGIN 4-7-05 9549223543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #