2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #747497

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



FILED

Jan 22, 2007 8:00 am

Secretary of State

01-22-2007 90101 023 ****61.25

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6401 N UNIVERSITY DR Suite 122		SUITE 122	6401 N UNIVERSITY DR			TÎN ÎNH GA NA NIN	I OTOM OTOM OTOM FISM O	EEN A AN
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01162007 _C	hg-NP C	R2E037 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 59-2109627 Not Applicable			
Zip Country		Ζ l p	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	7. Name and Address of New Registered Agent						
MAGIN, WILLY				Name				
6401 N UNIVERSITY DR TAMARAC, FL 33321				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zp Co	de	
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 tate if applicable. (NOTE: Registered Agent signature required when remistating) DATE								
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2007 Trust Fund Contributi					\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS	N 10
TITLE	VD	□ Delete	πτι					Addition
NAME	VULPUS, WILLIE	L.I Vereie	NAM	1			☐ Change	L) ARCHON
STREET ADDRESS	6401 N UNIVERSITY DRIVE		1	ET ADORESS				
CITY-ST-ZIP	TAMARAC, FL			-ST-ZIP				
	 							
TITLE	SD SUBTEIN SUIDLEY	☐ Delete	HIL	·			☐ Change	Addition
NAME	HOCHSTEIN, SHIRLEY		NAM	- I				
STREET ADDRESS	6401 N UNIVERSITY DRIVE			ET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL		CITY	-ST-ZIP				
TITLE	PD	☐ Delete	TITLE	E			Change	Addition
NAME	MAGIN, WILLY		NAM	Ε				l
STREET ADDRESS	6401 N UNIVERSITY DRIVE			ET ADORESS				
CTTY-ST-ZIP	TAMARAC, FL		CITY	-ST-ZIP				
TITLE	VD	☐ Delete	TITLE	E	- · · -		☐ Change	Addition
NAME	SHEEGER, EMANUEL		NAM	E				_
STREET ADDRESS	6401 N UNIVERSITY DRIVE		STRE	ET ADORESS				
CATY-ST-ZIP	TAMARAC, FL		CITY	-ST-ZIP				
TITLE		Delete	TITL	E		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	1		NAM	i i				
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-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.

SIGNATURE: WILLIE MACIN Willis Wagen 1-19-07 9507 12354: