

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 10 1997 8:00am
Secretary of State**DOCUMENT # 756108 (7)**
1. Corporation Name
CONCORD VILLAGE CONDOMINIUM IX ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8150 WEST MCNAB ROAD
TAMARAC FL 33321****8150 WEST MCNAB ROAD
TAMARAC FL 33321-3236****3. Date Incorporated or Qualified**
01/29/1981**3a. Date of Last Report**
03/07/1996**4. FEI Number**
59-2131460Applied For
☐ Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Election Campaign Financing
Trust Fund Contribution** ☐**\$5.00 May Be
Added to Fees****8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes** ☒ Yes ☐ No**2. Principal Place of Business****2a. Mailing Address****21** Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip Country**28** Zip Country**24****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****POLIAKOFF, GARY A ESQ
3111 STIRLING RD.
FT. LAUDERDALE FL 33310****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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**TITLE **PD** ☐ DELETE
NAME **ROSENFELD, PAUL**
STREET ADDRESS **8150 W. MCNAB RD., #206**
CITY - ST - ZIP **TAMARAC FL****1.1** TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **VD** ☐ DELETE
NAME **POZZUOLI, CEASAR**
STREET ADDRESS **8150 W MCNAB RD., #320**
CITY - ST - ZIP **TAMARAC FL****2.1** TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **SD** ☐ DELETE
NAME **RUBINSTEIN, ADELYNE**
STREET ADDRESS **8150 W. MCNAB RD., #303**
CITY - ST - ZIP **TAMARAC FL****3.1** TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **TD** ☐ DELETE
NAME **SUSSMAN, HYMAN G**
STREET ADDRESS **8150 W. MCNAB RD., #124**
CITY - ST - ZIP **TAMARAC FL****4.1** TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE **VD** ☐ DELETE
NAME **SWEET, MARTIN**
STREET ADDRESS **8150 W MCNAB RD #123**
CITY - ST - ZIP **TAMARAC FL****5.1** TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**6.1** TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.**SIGNATURE: *H.G. SUSSMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97

Date

954-721-7012

Daytime Phone # 0036862

CR2E037 (9/96)