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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756108

1. Corporation Name

CONCORD VILLAGE CONDOMINIUM IX ASSOCIATION, INC.

Principal Place of Business

8150 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

8150 WEST MCNAB ROAD
TAMARAC FL 33321



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/29/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2131460

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
- Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

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 ☐ DELETE

NAME **PD**
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-ZIP

TITLE ☐ DELETE

NAME **VD**
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-ZIP

TITLE ☐ DELETE

NAME **SD**
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-ZIP

TITLE ☐ DELETE

NAME **TD**
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-ZIP

TITLE ☐ DELETE

NAME **VD**
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-ZIP

TITLE ☐ DELETE

NAME **D**
PASHKIN, SILAS
STREET ADDRESS **8150 W MCNAB RD #302**
CITY-ST-ZIP **TAMARAC FL**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HYMAN G. SUSSMAN 2-2-99 954-721-7012
Date Daytime Phone #

CR2E037 (1/98)