

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90143 037 \*\*\*\*61.25

**DOCUMENT # 756108**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2131460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional ---  
Fee Required

6. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A ESQ  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33310**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROSENFELD, PAUL	8150 W. MCNAB RD., #206	TAMARAC FL	<input type="checkbox"/>
VD	POZZUOLI, CEASAR	8150 W MCNAB RD., #320	TAMARAC FL	<input type="checkbox"/>
SD	RUBINSTEIN, ADELYNE	8150 W. MCNAB RD., #303	TAMARAC FL	<input checked="" type="checkbox"/>
TD	SUSSMAN, HYMAN G	8150 W. MCNAB RD., #124	TAMARAC FL	<input checked="" type="checkbox"/>
VD	SWEET, MARTIN	8150 W MCNAB RD #123	TAMARAC FL	<input type="checkbox"/>
D	PASHKIN, SILAS	8150 W MCNAB RD #302	TAMARAC FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	EDWIN WHITING	8150 W. MCNAB RD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JENNIFER JUSTICE	8150 W. MCNAB RD	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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: *Paul Rosenfeld* **PAUL ROSENFELD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.726.3873