

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757603** (6)
1. Corporation Name
CONCORD VILLAGE CONDOMINIUM X ASSOCIATION, INC.



Principal Place of Business: **7650 W MCNAB RD TAMARAC FL 33321**
Mailing Address: **7650 W MCNAB RD TAMARAC FL 33321**

3. Date Incorporated or Qualified: **04/16/1981**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business: **21 6047 KIMBERLY BLVD.**
Suite, Apt. #, etc.: **22 SUITE N**
City & State: _____
2a. Mailing Address: **26 6047 KIMBERLY BLVD.**
Suite, Apt. #, etc.: **27 SUITE N**
City & State: _____

4. FEI Number: **59-2119206**
Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **33068** 25. Country: **U.S.A.**
29. Zip: **33068** 30. Country: **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**POLIAKOFF, LEE H BURG
3111 STIRLING RD.
TAMARAC, FL
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	GRUBER, CHARLES V	1.2 NAME	REINER, SEYMOUR
STREET ADDRESS	7650 W MCNAB ROAD	1.3 STREET ADDRESS	7650 W MCNAB ROAD
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	D	2.1 TITLE	D
NAME	CHIFFITZ, HAROLD	2.2 NAME	ROSEN, RICHARD
STREET ADDRESS	7650 W. MCNAB ROAD	2.3 STREET ADDRESS	7650 W MCNAB ROAD
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	TD	3.1 TITLE	D
NAME	KLAPMAN, BERNARD	3.2 NAME	NOYES, ELLIOT
STREET ADDRESS	7650 W. MCNAB ROAD	3.3 STREET ADDRESS	7650 W MCNAB ROAD
CITY-ST-ZIP	TAMARAC, FL 00000	3.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	D	4.1 TITLE	S/D
NAME	SENDER, MURRAY	4.2 NAME	
STREET ADDRESS	7650 W MCNAB RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	MANTX, EVELYN	5.2 NAME	
STREET ADDRESS	7650 W. MCNAB RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	WIECZOREK, WILLIAM	6.2 NAME	
STREET ADDRESS	7650 W. MCNAB ROAD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REINER, SEYMOUR	
1.3 STREET ADDRESS	7650 W MCNAB ROAD	
1.4 CITY-ST-ZIP	TAMARAC, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSEN, RICHARD	
2.3 STREET ADDRESS	7650 W MCNAB ROAD	
2.4 CITY-ST-ZIP	TAMARAC, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NOYES, ELLIOT	
3.3 STREET ADDRESS	7650 W MCNAB ROAD	
3.4 CITY-ST-ZIP	TAMARAC, FL	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *William Wieczorek* **WILLIAM WIECZOREK** 2/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)