

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **757603** (6)
1. Corporation Name
CONCORD VILLAGE CONDOMINIUM X ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
6047 KIMBERLY BLVD STE N TAMARAC FL 33068 US		6047 KIMBERLY BLVD STE N TAMARAC FL 33068 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified	04/16/1981	
4. FEI Number	59-2119206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	PHYLLIS SANDLER	
82 Street Address (P.O. Box Number is Not Acceptable)	7650 WEST MCNAB ROAD	
83	APT 203	
84 City	TAMARAC	85 Zip Code FL 33321

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: *Phyllis R Sandler* **PHYLLIS SANDLER PRES.** DATE: **3-4-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRUBER, CHARLES V	
STREET ADDRESS	7650 W MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, RICHARD	
STREET ADDRESS	7650 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KLAPMAN, BERNARD	
STREET ADDRESS	7650 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SENDER, MURRAY	
STREET ADDRESS	7650 W MCNAB RD	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOYES, ELLIOT	
STREET ADDRESS	7650 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINER, SEYMOUR	
STREET ADDRESS	7650 W MCNAB ROAD, #218	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SANDLER, PHYLLIS	
1.3 STREET ADDRESS	7650 W. MCNAB ROAD #203	
1.4 CITY-ST-ZIP	TAMARAC, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MANTZ, EVELYN	
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	ISHAY, SARA	
3.3 STREET ADDRESS	7650 W. MCNAB ROAD	
3.4 CITY-ST-ZIP	TAMARAC, FL	
4.1 TITLE		<input 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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Phyllis R Sandler* DATE: **3-5-98** DAYTIME PHONE: **954-973-1311**

CR2E037 (10/97)