

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	04/16/1981
4. FEI Number	59-2119206
Applied For	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	<b>PHYLLIS SANDLER</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7650 WEST MCNAB ROAD</b>
83	<b>APT 203</b>
84 City	<b>TAMARAC</b>
85 Zip Code	<b>FL 33321</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRUBER, CHARLES V</b>	1.2 NAME	<b>SANDLER, PHYLLIS</b>
STREET ADDRESS	<b>7650 W MCNAB ROAD</b>	1.3 STREET ADDRESS	<b>7650 W. MCNAB ROAD #203</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSEN, RICHARD</b>	2.2 NAME	<b>MANTZ, EVELYN</b>
STREET ADDRESS	<b>7650 W. MCNAB ROAD</b>	2.3 STREET ADDRESS	<b>7650 W. MCNAB ROAD</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLAPMAN, BERNARD</b>	3.2 NAME	<b>ISHAY, SARA</b>
STREET ADDRESS	<b>7650 W. MCNAB ROAD</b>	3.3 STREET ADDRESS	<b>7650 W. MCNAB ROAD</b>
CITY-ST-ZIP	<b>TAMARAC, FL 00000</b>	3.4 CITY-ST-ZIP	<b>TAMARAC, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SENDER, MURRAY</b>	4.2 NAME	
STREET ADDRESS	<b>7650 W MCNAB RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOYES, ELLIOT</b>	5.2 NAME	
STREET ADDRESS	<b>7650 W. MCNAB RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINER, SEYMOUR</b>	6.2 NAME	
STREET ADDRESS	<b>7650 W MCNAB ROAD, #218</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	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* **3-5-98** **954-973-1311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025862

CR2E037 (10/97)