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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 757603

1. Corporation Name
CONCORD VILLAGE CONDOMINIUM X ASSOCIATION, INC.

Principal Place of Business: 6047 KIMBERLY BLVD STE N TAMARAC FL 33068 US
 Mailing Address: 6047 KIMBERLY BLVD STE N TAMARAC FL 33068 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2119206	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANDLER, PHYLLIS 7650 WEST MCNAB ROAD APT. 203 TAMARAC FL 33321				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDLER, PHYLLIS		1.2 NAME		
STREET ADDRESS	7650 W MCNAB RD, #203		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RICHARD		2.2 NAME		
STREET ADDRESS	7650 W. MCNAB ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAPMAN, BERNARD		3.2 NAME	ISHAY, SARA	
STREET ADDRESS	7650 W. MCNAB ROAD		3.3 STREET ADDRESS	7650 W. MCNAB ROAD #217	
CITY-ST-ZIP	TAMARAC, FL 00000		3.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANTZ, EVELYN		5.2 NAME	GROSS, RITA	
STREET ADDRESS	7650 W MCNAB RD		5.3 STREET ADDRESS	7650 W. MCNAB ROAD #108	
CITY-ST-ZIP	TAMARAC FL		5.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINER, SEYMOUR		6.2 NAME		
STREET ADDRESS	7650 W MCNAB ROAD, #218		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		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: *Phyllis Sandler, President* 5/3/99 954-726-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)