2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757603

FILED Mar 16, 2009 Secretary of State

Entity Name: CONCORD VILLAGE CONDOMINIUM X ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10034 W. MCNAB ROAD TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** CCM, INC 10034 W. MCNAB ROAD TAMARAC, FL 33321 FEI Number: 59-2119206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MILES, JAMES R MACHMAN, IRV CONSOLIDATED COMMUNITY MANAGEMENT, INC. 4441 STERLING ROAD 10034 W. MCNAB ROAD FORT LAUDERDALE, FL 33314 US FORT LAUDERDALE, FL 33321 US 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. SIGNATURE: IRV NACHMAN 03/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NORMAN, DIX Name: MISH, BARRY Name: 7650 W MCNAB RD, APT 106 Address: 7650 W MCNAB RD, APT 108 Address: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARD, ROSEN Name: Name: Address: 7650 W MCNAB RD, APT 217 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, JAMIE Name: Name: 7650 W MCNAB RD, APT 320 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ALBERT, HELEN Name: 7650 W MCNAB RD APT 224 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition RICH, KITTY Name: Name: 7650 W MCNAB RD, APT 108 Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition MISH BARRY ISHAY, SARA Name: Name: Address: 7650 W MCNAB RD, APT 108 Address: 7650 W MCNAB RD, APT 217 TAMARAC, FL 33321 TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY MISH PD 03/16/2009