

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765759 (6)
1. Corporation Name
CONCORD GREEN MANAGEMENT ASSOCIATION, INC.



Principal Place of Business: 20970 CONCORD GREEN E. BOCA RATON FL 33433
Mailing Address: 615 EMERALD WAY EAST DEERFIELD BEACH FL 33442-8608

3. Date Incorporated or Qualified: 11/16/1982
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-2410270
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
GATOR MGT. OF SO. FLA
615 EMERLAD WAY EAST
DEERFIELD BEACH FL 33442

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

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAVLWITZ, NANCY	
STREET ADDRESS	20860 CONCORD GREEN DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LUBAR, JERRY	
STREET ADDRESS	20884 CONCORD GREEN DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COVELLO, PHILLIP	
STREET ADDRESS	20982 CONCORD GREEN, E.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLARK, FRANCES	
STREET ADDRESS	20946 CONCORD GREEN DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIGHTINGALE, CHRISTINE	
STREET ADDRESS	20856 CONCORD GREEN DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREILICH, HY	
STREET ADDRESS	20982 CONCORD GREEN W.	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howard, Dale
2.3 STREET ADDRESS	20864 Concord Green Drive
2.4 CITY - ST - ZIP	Boca Raton, FL. 33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Covello, Philip
3.3 STREET ADDRESS	20982 Concord Green E.
3.4 CITY - ST - ZIP	Boca Raton, FL. 33433
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Clark, Frances
4.3 STREET ADDRESS	20946 Concord Green Drive
4.4 CITY - ST - ZIP	Boca Raton, FL. 33433
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Haddock, David
5.3 STREET ADDRESS	20770 Concord Green Drive
5.4 CITY - ST - ZIP	Boca Raton, FL. 33433
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 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: *Hyman Freilich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)