

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004457

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: COMMUNITY CONCEPTS FOUNDATION, INC.

**Current Principal Place of Business:**

5300 NW. 12TH AVE., STE 1  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

10691 SANTA LAGUNA DRIVE  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 31-1476557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, SANDRA B  
10691 SANTA LABUNA DR  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHEN, STEVEN F  
Address: 10691 SANTA LAGUNA DR  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: ANTHONY, C.A.  
Address: 104 E. CAMINO REAL  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: STURM, L. ROLAND  
Address: 10715 CHARTER DRIVE, SUITE 200  
City-St-Zip: COLUMBIA, MD 21044

Title: D ( ) Delete  
Name: EISENBERG, JAY  
Address: 9728 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN F COHEN

PDTS

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date