

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1982 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2410270 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GATOR MGT. OF SO. FLA. INC.
615 EMERALD WAY EAST
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name GATOR MANAGEMENT OF SO. FLORIDA
82 Street Address (P.O. Box Number is Not Acceptable) 615 Emerald Way East
83 Deerfield Beach, Fl. 33442
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE JEROME M. BIELER 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (Officer, if required Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D VD	NAME SAVLOWITZ, NANCY	1.1 TITLE VD	NAME SAVLOWITZ, NANCY
STREET ADDRESS 20860 CONCORD GREEN DRIVE	CITY-ST-ZIP BOCA RATON FL 33433	1.2 NAME SAVLOWITZ, NANCY	1.3 STREET ADDRESS 20860 Concord Green Drive
		1.4 CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE D TD	NAME LUBAR, JERRY	2.1 TITLE TD	NAME LUBAR, JERRY
STREET ADDRESS 20884 CONCORD GREEN DRIVE	CITY-ST-ZIP BOCA RATON FL 33433	2.2 NAME LUBAR, JERRY	2.3 STREET ADDRESS 20884 Concord Green Drive
		2.4 CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE VD D	NAME COVELLO, PHILIP	3.1 TITLE D	NAME COVELLO, PHILIP
STREET ADDRESS 20982 CONCORD GREEN, E.	CITY-ST-ZIP BOCA RATON FL	3.2 NAME COVELLO, PHILIP	3.3 STREET ADDRESS 20982 Concord Green Drive
		3.4 CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE -D-	NAME OATES, EDWARD	4.1 TITLE SD	NAME HOWARD, DALE
STREET ADDRESS 20802 CONCORD GREEN WEST	CITY-ST-ZIP BOCA RATON FL	4.2 NAME HOWARD, DALE	4.3 STREET ADDRESS 20864 Concord Green Drive
		4.4 CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE PD	NAME WELT, HOWARD	5.1 TITLE D	NAME NIGHTINGALE, CHRISTINE
STREET ADDRESS 20800 CONCORD GREEN WEST	CITY-ST-ZIP BOCA RATON FL	5.2 NAME NIGHTINGALE, CHRISTINE	5.3 STREET ADDRESS 20856 Concord Green Drive
		5.4 CITY-ST-ZIP BOCA RATON, FL. 33433	
TITLE 3D PD	NAME FREILICH, HY	6.1 TITLE PD	NAME FREILICH, HY
STREET ADDRESS 20962 CONCORD GREEN W.	CITY-ST-ZIP BOCA RATON FL	6.2 NAME FREILICH, HY	6.3 STREET ADDRESS 20962 Concord Green Drive
		6.4 CITY-ST-ZIP BOCA RATON, FL. 33433	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Hy Freilich 3/17/95 482-9076
Signature and typed or printed name of signing officer or director Date Telephone