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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90183 028 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 765759**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/16/1982

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2410270

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOAN S. BIELER LCAM, GATOR MGMT.  
615 EMERALD WAY EAST  
DEERFIELD BEACH FL 33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE  
NAME WELT, HOWARD  
STREET ADDRESS 20800 CONCORD GREEN  
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME HOWARD, DALE  
STREET ADDRESS 20864 CONCORD GREEN DRIVE  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D  
2.3 STREET ADDRESS HOWARD, DALE  
2.4 CITY-ST-ZIP 20864 Concord Green Dr.  
Boca Raton, FL 33433

TITLE TD ☐ DELETE  
NAME COVELLO, PHILLIP  
STREET ADDRESS 20982 CONCORD GREEN, E.  
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MYDANICK, STEPHEN J.  
STREET ADDRESS 20932 CONCORD GREEN  
CITY-ST-ZIP BOCA RATON FL 33433

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VD  
4.3 STREET ADDRESS MYDANICK, STEPHEN J.  
4.4 CITY-ST-ZIP 20932 Concord green Dr.  
Boca Raton, FL 33433

TITLE SD ☐ DELETE  
NAME HADDOCK, DAVID  
STREET ADDRESS 20770 CONCORD GREEN DRIVE  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME FREILICH, HY  
STREET ADDRESS 20962 CONCORD GREEN W.  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

Daytime Phone #

CR2E037 (11/98)