

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765759

1. Entity Name

CONCORD GREEN MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20970 CONCORD GREEN E.  
BOCA RATON FL 33433

615 EMERALD WAY EAST  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2410270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK-COLTON, VIRGINIA 20920 CONCORD GREEN DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVELLO, PHILLIP 20982 CONCORD GREEN, E. BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYDANICK, STEPHEN J 20932 CONCORD GREEN BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMIS, DEBORAH 20824 CONCORD GREEN DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREILICH, HY 20962 CONCORD GREEN W. BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRUGGIA, LOUIS 20974 CONCORD GREEN DR. BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYDANICK, STEPHEN J. 20932 Concord Green Dr. Boca Raton, Fl. 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, FRANCIS 20831 Concord Green Dr. Boca Rton, Fl. 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALCANES, JAMES 20819 Concord Green Dr. Boca Raton, Fl. 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRUGGIA, LOUIS 20974 Concord Green Dr. Boca Raton, Fl. 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DEBORAH D. COMIS *for Secretary*

FILED  
Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90167 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)