


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90078 006 ****61.25

| | |
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| DOCUMENT # 765759 |  |
| 1. Entity Name CONCORD GREEN MANAGEMENT ASSOCIATION, INC. | |

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

50015361



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

01042005 Chg-NP CR2E037 (10/03)

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2410270 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| JOAN S. BIELER LCAM, GATOR MGMT. 615 EMERALD WAY EAST DEERFIELD BEACH, FL 33442 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida 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 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 | PD MYDANICK, STEPHEN J 20932 CONCORD GREEN DR. BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MYDANICK, STEPHEN J 20932 Concord Green Dr. Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ADAMS, FRANCIS 20831 CONCORD GREEN DR. BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, FRANCIS 20831 Concord Green Dr. Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 BLANE, AMY 20954 Concord Green Dr. Boca Raton, 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CALCANES, JAMES 20819 Concord Green Dr. Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWARD, DALE 20865 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 |

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:  **Deborah Comis** **2-305 561-470-1926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary