

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90023 014 ****61.25

DOCUMENT # 765759

1. Entity Name
CONCORD GREEN MANAGEMENT ASSOCIATION, INC.



Principal Place of Business
**C/O SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071**

Mailing Address
**C/O SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007

Chg-NP

CR2E037 (12/06)

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 EMERLAD 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COMIS, DEBORAH	
STREET ADDRESS	20824 CONCORD GREEN DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, FRANCIS	
STREET ADDRESS	20831 CONCORD GREEN DR.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLANE, AMY	
STREET ADDRESS	20954 CONCORD GREEN DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANELLO, JOSEPH	
STREET ADDRESS	20928 CONCORD GREEN DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAVLOWITZ, NANCY	
STREET ADDRESS	20860 CONCORD GREEN DR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Anello	
STREET ADDRESS	20928 Concord Green Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Calcanes	
STREET ADDRESS	20814 Concord Green Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Mydanick	
STREET ADDRESS	20437 Concord Green Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Feingold	
STREET ADDRESS	20846 Concord Green Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Savlowitz	
STREET ADDRESS	20860 Concord Green Dr.	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joseph Anello Pres.

JOSEPH ANELLO

1-18-07

561-483-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #