

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765759

FILED
Jan 17, 2009
Secretary of State

Entity Name: CONCORD GREEN MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2410270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANELLO, JOSEPH
Address: 20928 CONCORD GREEN DR.
City-St-Zip: BOCA RATON, FL 33433

Title: V () Delete
Name: CALCANES, JAMES
Address: 20819 CONCORD GREEN DR
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: MUDANICK, SUSAN
Address: 20932 CONCORD GREEN DR.
City-St-Zip: BOCA RATON, FL 33433

Title: TD (X) Delete
Name: ANELLO, JOSEPH
Address: 20928 CONCORD GREEN DR
City-St-Zip: BOCA RATON, FL 33433

Title: SD (X) Delete
Name: SAVLOWITZ, NANCY
Address: 20860 CONCORD GREEN DR
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: GARLOWIT, NANCY
Address: 20860 CONCORD GREEN DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE ANELLO

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date