

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756108

Entity Name: CONCORD VILLAGE CONDOMINIUM IX ASSOCIATION, INC.**Current Principal Place of Business:**8150 WEST MCNAB ROAD
TAMARAC, FL 33321**Current Mailing Address:**8150 WEST MCNAB ROAD
TAMARAC, FL 33321**FEI Number:** 59-2131460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
1 EAST BROWARD BLVD., SUITE 1800
FT. LAUDERDALE, FL 33301 US*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

Officer/Director Detail :

Title PD
Name HENDERSON, SHARON L
Address 8150 W. MCNAB RD., #320
City-State-Zip: TAMARAC FL 33321

Title VD
Name SWEET, MARTIN
Address 8150 W. MCNAB RD #123
City-State-Zip: TAMARAC FL 33321

Title D
Name CAMPBELL, OSWALD
Address 8150 W. MCNAB RD. #220
City-State-Zip: TAMARAC FL 33321

Title AT
Name CATANZARO, ROBERT
Address 8150 W. MCNAB RD. #218
City-State-Zip: TAMARAC FL 33321

Title AS
Name ORMSBY, SONIA
Address 8150 W. MCNAB RD. #321
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name JONES, LUCILLE
Address 8150 W MCNAB RD #116
City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: SHARON L HENDERSON**PRESIDENT****08/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date