

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718253

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** CONCORD CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.

**Current Principal Place of Business:**

1100 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 159  
LEHIGH ACRES, FL 33970 US

**New Mailing Address:**

**FEI Number:** 59-1313298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWERS, ROBERT  
1100 HOMESTEAD RD N  
LEHIGH ACRES, FL 33936 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: CARTY, ED  
Address: 1380 ARCHER ST # 7  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP ( ) Delete  
Name: STINTZI, JUDY  
Address: 1380 ARCHER ST APT #4  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: S,T ( ) Delete  
Name: SMITH, BONNIE  
Address: 1380 ARCHER ST # 6  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: BRUNEEL, BARBARA  
Address: 2827 LEE BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: P (X) Change ( ) Addition  
Name: STINTZI, JUDY  
Address: 1380 ARCHER ST APT #4  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: S (X) Change ( ) Addition  
Name: SMITH, BONNIE  
Address: 177 CALDWELL ST  
City-St-Zip: CHILLICOTHE, OH 45601 US

Title: T ( ) Change (X) Addition  
Name: THOMAS, JUANITA  
Address: 1380 ARCHER ST # 8  
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: JUDY STINTZI

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date