

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724402

FILED
Apr 20, 2007
Secretary of State

Entity Name: CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO. 2, INC.

Current Principal Place of Business:

990-84 AVE N
CONCORD VILLAGE ASSOCIATION #2
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

990-84 AVE N
CONCORD VILLAGE ASSOCIATION #2
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-1514817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSEL, CHARLES
915-83RD AVE N
ST. PETERSBURG, FL 33702 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: PD () Delete
Name: FARISS, ELECTA
Address: 901-83RD AVE N
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD () Delete
Name: BIGGS, MARGIE
Address: 937 -83RD AVE N.
City-St-Zip: ST PETERSBURG, FL 33702

Title: TD () Delete
Name: HOUSEL, CHARLES
Address: 915 -83RD AVE N
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD (X) Delete
Name: LEHMAN, MARILYN
Address: 925 -83RD AVE N
City-St-Zip: ST PETERSBURG, FL 33702

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES HOUSEL

TD

04/20/2007

Electronic Signature of Signing Officer or Director

Date