

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752942

FILED  
Jun 30, 2006  
Secretary of State

**Entity Name:** CONCORD VILLAGE CONDOMINIUM VI ASSOCIATION, INC.

**Current Principal Place of Business:**

7850 W MCNAB RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7850 W MCNAB RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 59-2078205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COHEN, SHELDON  
7850 W MCNAB RD  
TAMARAC, FL 33321 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: T ( ) Delete  
Name: COHEN, SHELDON  
Address: 7850 W. MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: P ( ) Delete  
Name: BATES, LAWRENCE  
Address: 7850 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: NEVARES, TERESA  
Address: 7850 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: ADELMAN, AARON  
Address: 7850 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: ODESSER, CONSTANCE  
Address: 7850 W. MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: DV ( ) Delete  
Name: BANKS, CHRISTOPHER  
Address: 7850 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

**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: D (X) Change ( ) Addition  
Name: BROWN, MARIE  
Address: 7850 W. MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

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: SHELDON COHEN

T

06/30/2006

Electronic Signature of Signing Officer or Director

Date