2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 752942

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 ( )**

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:	BROWN, MARIE	
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:	( ) 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: SHELDON COHEN T 01/08/2007

Electronic Signature of Signing Officer or Director — Date