

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90099 035 \*\*\*\*61.25

**DOCUMENT # 756107**

1. Entity Name  
**CONCORD VILLAGE CONDOMINIUM VIII ASSOCIATION,  
INC.**



Principal Place of Business  
**8050 WEST MCNAB ROAD  
TAMARAC, FL 33321**

Mailing Address  
**8050 WEST MCNAB ROAD  
TAMARAC, FL 33321**

**50011574**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BECKER AND POLIAKOFF P.A.  
3111 STIRLING ROAD  
FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name **IRVIN W. NACHMAN, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**4441 STIRLING ROAD**

City **FORT LAUDERDALE FL** Zip Code **33314**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

**1/27/05**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WOODALL, MARGARET**  
STREET ADDRESS **8050 W MC NAB RD #314**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **P** ☒ Delete  
NAME **KAHN, MARTIN**  
STREET ADDRESS **8050 W MCNAB ROAD #320**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE **S** ☐ Delete  
NAME **GRAHAM, KATHRYN**  
STREET ADDRESS **8050 W MCNAB RD., #302**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33321**

TITLE **T** ☐ Delete  
NAME **HOROWITZ, REGINA**  
STREET ADDRESS **8050 W MCNAB ROAD #203**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE **CP** ☒ Delete  
NAME **PETRONACI, MICHAEL**  
STREET ADDRESS **8050 W. MCNAB RD #310**  
CITY-ST-ZIP **TAMARAC, FL**

TITLE **D** ☐ Delete  
NAME **BAXTER, BETTY**  
STREET ADDRESS **8050 W MCNAB RD., #110**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33321**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **MAISONET, RAMON**  
STREET ADDRESS **8050 W MC NAB RD #222**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** ☐ Change ☒ Addition  
NAME **GRUBMAN, SARA**  
STREET ADDRESS **8050 W MC NAB RD #116**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** ☐ Change ☒ Addition  
NAME **BROWN, ANGELA**  
STREET ADDRESS **8050 W MC NAB RD #120**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Regina Horowitz REGINA HOROWITZ**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

check # 3554