


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 759064 1. Entity Name THE CONCORD, CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1351 S RIDGEWOOD AVE #25 DAYTONA BEACH, FL 32114-6157	Mailing Address 1351 S RIDGEWOOD AVE #25 DAYTONA BEACH, FL 32114-6157
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D1132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2217819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSCAT, NANCY 1351 S RIDGEWOOD AVE #25 DAYTONA BEACH, FL 32114-6157
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**DO NOT WRITE
IN THIS SPACE**

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 Nancy Muscat NANCY MUSCAT 1/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTNE, JILL 5460 WEST BAYSHORE DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSCAT, NANCY 1351 S. RIDGEWOOD AVE, #25 DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POST, ELEANOR 1351 S. RIDGEWOOD AVE #27 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANTNER, EGON S 915 ASHMEADE COURT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIDEN, LINDA 1351 S. RIDGEWOOD AVE, #28 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000389920
01/23/06-80004-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Muscat NANCY MUSCAT 1/14/06 386-255-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #