

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759064**

1. Entity Name  
**THE CONCORD, CONDOMINIUM ASSOCIATION, INC.**



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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2217819**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**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 \_\_\_\_\_

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROTNE, JILL  
STREET ADDRESS 5460 WEST BAYSHORE DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ST  
NAME MUSCAT, NANCY  
STREET ADDRESS 1351 S. RIDGEWOOD AVE, #25  
CITY-ST-ZIP DAYTONA BCH, FL

TITLE D  
NAME POST, ELEANOR  
STREET ADDRESS 1351 S. RIDGEWOOD AVE #27  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE P  
NAME GANTNER, EGON S  
STREET ADDRESS 915 ASHMEADE COURT  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE VP  
NAME HIDEN, LINDA  
STREET ADDRESS 1351 S. RIDGEWOOD AVE, #28  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy Muscat NANCY MUSCAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/07 386-255-5906

Date

Daytime Phone #