

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770165** (9)
1. Corporation Name
CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6751 UNIVERSITY DR TAMARAC FL 33321	6751 UNIVERSITY DR TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1983		3a. Date of Last Report 03/07/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2348381		☐ Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLIAKOFF, GARY A 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	RIEGLER, MAX			1.2 NAME			
STREET ADDRESS	6751 N. UNIVERSITY #209			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	LEV, ARNIE			2.2 NAME			
STREET ADDRESS	6751 UNIVERSITY, #221			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			2.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	SANES, LOUIS			3.2 NAME			
STREET ADDRESS	6751 N UNIVERSITY #104			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			3.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	KOHN, SHIRLEY			4.2 NAME			
STREET ADDRESS	6751 N UNIVERSITY DR#221			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Max Riegler* **7.21.97** **954-722-2434**

CR2E037 (4/97)