2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770165

1. Entity Name

CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA 400

Principal Place of Business	Mailing Address
6751 UNIVERSITY DR TAMARAC FL 33321	6751 UNIVERSITY DR TAMARAC FL 33321-4062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2348381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLIAKOFF, GARY A 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.*

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIEGLER, MAX 6751 N. UNIVERSITY #209 TAMARAC FL.	☒ Delete	PRESIDENT/D BOMZER, IRVING 6751 N.University Dr.#106 TAMARAC,FL.33321	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCUS, IRA 6751 UNIVERSITY DR #121 TAMARAC FL 33321	☐ Delete	700003191 8ST -03/31/00--01070--015 *****61.25 *****61.25	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARSERS, WILLIAM 6751 N UNIVERSITY DR #112 TAMARAC FL	☒ Delete	TREASURER/D LEV, ARLENE 6751 N.UNIVERSITY DR. #221	☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOHN, SHIRLEY 6751 N UNIVERSITY DR#221 TAMARAC FL	☒ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TS	☐ Change ☐ Add

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

SIGNATURE: IRVING BOMZER IRVING BOMZER PRESIDENT 1-20-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #