2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2002 8:00 am
Secretary of State
02-25-2002 90102 037 ****61.25

DOCUMENT # 770165

1. Entity 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	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	PD BOMZER, IRVING, 6751 N. UNIVERSITY DR. #106 TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORALES, NICKOLAS 6751 N. University Dr. #314 Tamarac, Fl. 33321	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCUS, IRA 6751 UNIVERSITY DR #121 TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY MARRETT 6751 N. UNIVERSITY DR #123 TAMARAC FL 33321	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. LEV, ARLENE 6751 N. UNIVERSTIY DR., #216 #221 TAMARAC FL	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL KOHN 6751 N. UNIVERSITY DR TAMARAC FL 33321 #218	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOHN, SHIRLEY 6751 N UNIVERSITY DR #221 #218 TAMARAC FL	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRENE GRUBIN 6751 N. UNIVERSITY DR #222 TAMARAC FL 33321	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY WOOD 6751 N. UNIVERSITY DR #107 TAMARAC FL 33321	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Arlene DE LEO Lev Treasurer 02-13-02 954 721-1910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arlene I. Lev Treasurer 3-14-02 corrected