2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90025 039 ****61.25

DOCUMENT # 770165

1. Entity Name

CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

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

CONCORD VLG CONDO XI ASSOC. CONCORD VLG. CONDO XI ASSOC

2. Principal Place of Business	3. Mailing Address
6751 N. UNIVERSITY DR	6751 N. UNIVERSITY DR
Suite, Apt. #, etc.: #314	Suite, Apt. #, etc.: #314
City & State: TAMARAC FLORIDA	City & State: TAMARAC FLORIDA
Zip: 33321 Country: BROWARD	Zip: 33321 Country: BROWARD

1st MOORE CR2E037 (10/05)

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

POLIAKOFF, GARY A
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6525

7. Name and Address of New Registered Agent

Name: n/a
Street Address (P.O. Box Number is Not Acceptable): n/a
n/a
City: n/a **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORALES, NICKOLAS 6751 N UNIVERSITY DR #314 TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRETT, LARRY 6751 N UNIVERSITY DR #123 TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEV, ARLENE 6751 N UNIVERSITY DR #221 TAMARAC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, LARRY 6751 N. UNIVERSITY DR. #107 TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRUBIN, IRENE 6751 N UNIVERSITY DR #222 TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ARLENE LEV Arlene Lev Treasurer 3/22/06 954 721 1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #