

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770165

FILED
Mar 26, 2009
Secretary of State

Entity Name: CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

Current Principal Place of Business:

CONCORO VLA CONDO XI ASSOCIATES
6751 UNIVERSITY DR, #314
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

CONCORO VLA CONDO XI ASSOCIATES
6751 UNIVERSITY DR, #314
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2348381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A
3111 STIRLING ROAD
FT. LAUDERDALE, FL 333126525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, NICOLAS
Address: 6751 N UNIVERSITY DR #314
City-St-Zip: TAMARAC, FL 33321

Title: F () Delete
Name: MARRETT, LARRY
Address: 6751 N UNIVERSITY DR #123
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: LEV, ARLENE
Address: 6751 N UNIVERSITY DR #221
City-St-Zip: TAMARAC, FL

Title: D () Delete
Name: WOOD, LARRY
Address: 6751 N. UNIVERSITY DR. #107
City-St-Zip: TAMARAC, FL 33321

Title: S () Delete
Name: LEV, ARLENE
Address: 6751 N UNIVERSITY DR #222
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LEV, ARLENE
Address: 6751 N UNIVERSITY DR #221
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TIPTON, LESLIE
Address: 6751 N UNIVERISTY DRIVE #320
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE I LEV

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date