

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770165

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

**Current Principal Place of Business:**

CONCORD VILLAGE CONDO XI ASSOCIATES  
6751 UNIVERSITY DR, #221  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

CONCORD VILLAGE CONDO XI ASSOCIATES  
6751 UNIVERSITY DR, #221  
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:**

BECKER & POLIAKOFF, P.A.  
BANK OF AMERICA CENTER  
625 N. FLAGLER DRIVE, 7TH FLOOR  
WEST PALM BEACH, FL 33401 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  
Name: LAWRENCE, WOOD  
Address: 6751 N. UNIVERSITY DR #107  
City-St-Zip: TAMARAC, FL 33321

Title: VPD  
Name: MARRETT, LARRY  
Address: 6751 N. UNIVERSITY DR #123  
City-St-Zip: TAMARAC, FL 33321

Title: STD  
Name: LEV, ARLENE I  
Address: 6751 N. UNIVERSITY DR #221  
City-St-Zip: TAMARAC, FL 33321

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

Title: D  
Name: O'NEIL, MARGARET  
Address: 6751 N. UNIVERSITY DRIVE #114  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: JOAN, GREENE  
Address: 6751 N. UNIVERSITY DRIVE # 110  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ARLENE IDA LEV

STD

03/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date