# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2003 8:00 am**
**Secretary of State**
01-31-2003 90171 041 ****61.25

DOCUMENT # 770165

1. Entity Name
CONCORD VILLAGE CONDOMINIUM XI ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6751 UNIVERSITY DR<br>TAMARAC FL 33321 | 6751 UNIVERSITY DR<br>TAMARAC FL 33321 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Condominium Association | |
| 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<br>3111 STIRLING ROAD<br>FT. LAUDERDALE FL 33312-6525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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 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<br>MORALES, NICKOLAS<br>6751 N UNIVERSITY DR #314<br>TAMARAC FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARRETT, LARRY<br>6751 N UNIVERSITY DR #123<br>TAMARAC FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>LEV, ARLENE<br>6751 N UNIVERSITY DR #221<br>TAMARAC FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>KOHN, SHIRLEY<br>6751 N UNIVERSITY DR #218<br>TAMARAC FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOHN, PAUL<br>6751 N UNIVERSITY DR #218<br>TAMARAC FL 33321 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOOD, LARRY<br>6751 N. University Dr.<br>Tamarac, Fl. 33321 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRUBIN, IRENE<br>6751 N UNIVERSITY DR #222<br>TAMARAC FL 33321 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 954-721-2760 | ☐ Change ☐ Addition |

CR2E037 (10/02)

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: Eileen Levy Treasurer 1-28-03 954 721-1990