

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 008 ****61.25

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01182007 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|------------------------------|---|--|--|-----------------------------------|
| DOCUMENT # N03404 | | | |  | |
| 1. Entity Name CONCORD VILLAGE CONDOMINIUM XII ASSOCIATION, INC | | | | | |
| Principal Place of Business CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321 | | | Mailing Address %CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2348385 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MILES, JAMES R CONSOLIDATED COMM. MGMT., INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321 | | | Name David Schottenfeld PA Street Address (P.O. Box Number is Not Acceptable) 7520 NW 5th Street Suite 203 City Plantation FL Zip Code 33317 | | |
| 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 <i>David Schottenfeld</i> | | | DATE 2/9/07 | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$81.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BALDINUCCI, LENA | | NAME | | |
| STREET ADDRESS | 6701 N UNIVERSITY DR APT 201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PINSKY, BEN | | NAME | | |
| STREET ADDRESS | 6701 N UNIVERSITY DR APT 103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALKER, NORMA | | NAME | | |
| STREET ADDRESS | 6701 N UNIVERSITY DR APT 203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KOLLER, EDWARD | | NAME | | |
| STREET ADDRESS | 6701 N UNIVERSITY DR APT 220 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GLASS, IRENE | | NAME | | |
| STREET ADDRESS | 6701 UNIVERSITY DR # 316 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33321 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Benny Pinsky</i> | | | Date 2/24/07 Daytime Phone # 954-741-5337 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |