

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03404

FILED
Mar 10, 2009
Secretary of State

Entity Name: CONCORD VILLAGE CONDOMINIUM XII ASSOCIATION, INC

Current Principal Place of Business:

CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

%CCM, INC.
10034 W. MCNAB ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-2348385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHADROW, BROUGH LEVINE
1900 N. COMMERCE PARKWAY
WESTON, FL 33326 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: TD () Delete
Name: BALDINUCCI, LENA
Address: 6701 N UNIVERSITY DR APT 201
City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete
Name: PINSKY, BEN
Address: 6701 N UNIVERSITY DR APT 103
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: WALKER, NORMA
Address: 6701 N UNIVERSITY DR APT 203
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: KOLLER, EDWARD
Address: 6701 N UNIVERSITY DR APT 220
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: GLASS, IRENE
Address: 6701 UNIVERSITY DR # 316
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BEN PINSKY

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date