

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90294 034 ****61.25

0047165

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006369

1. Corporation Name

CONCORDIA ECO CORPORATION
N/K/A The Concordia Foundation, Inc.

Principal Place of Business

440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

65-0713856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHOPIN, L F
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☒ DELETE
NAME CHOPIN, L. FRANK
STREET ADDRESS 440 ROYAL PALM WAY, STE. 200
CITY-ST-ZIP PALM BEACH FL

TITLE D ☒ DELETE
NAME YUDENFREUND, JOEL
STREET ADDRESS 440 ROYAL PALM WAY, STE. 200
CITY-ST-ZIP PALM BEACH FL

TITLE D ☒ DELETE
NAME SPEER, W. MORGAN
STREET ADDRESS 440 ROYAL PALM WAY, STE. 200
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME Paula Tsacanas
1.3 STREET ADDRESS 440 Royal Palm Way, Suite 200
1.4 CITY-ST-ZIP Palm Beach, FL 33480

2.1 TITLE D/S ☐ Change ☒ Addition
2.2 NAME Nancy Moshe
2.3 STREET ADDRESS 440 Royal Palm Way, Suite 200
2.4 CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE D/VP ☐ Change ☒ Addition
3.2 NAME Gregory Sarkissian
3.3 STREET ADDRESS 440 Royal Palm Way, Suite 200
3.4 CITY-ST-ZIP Palm Beach FL 33480

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999

Date

Daytime Phone #

CR2E037 (11/98)