

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20  
1996

DOCUMENT # 726136 (5)

95 MAY -1 PM 12:00

YORKFIELD SQUARE CONDOMINIUM ASSOCIATION INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2180 W SR 434 #5000 LONGWOOD FL 32779		2180 W SR 434 #5000 LONGWOOD FL 32779		3. Date Incorporation or Qualified: 04/16/1973		3a. Date of Last Report: 04/21/1994	
21		26		4. Filing Office: 59-1633879		Applied Fee: [ ] Not Applicable: [ ]	
22		27		5. Number of Units Owned: [ ]		\$8.75 Additional Fee Required	
23		28		6. Election to prepare Form 970 for tax reporting: [ ]		\$5.00 May Be Added to Fees	
24		29		7. Request with IRS with a Tax Exempt Status: [ ]		\$68.75 Supplemental Fee Not Required	
25		30		8. This corporation has liability for other Florida taxes (e.g., FDOT, Florida Statutes, etc.): Yes [ ] No [X]			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779				01 Name:			
				02 Business Office (P.O. Box Number if Not Acceptable):			
				03:			
				04 City:			
				FL 05 Zip Code:			

11. I, the undersigned, being a person authorized to represent this Florida Subchapter S corporation, hereby certify that the information furnished herein is true and correct for the purpose of changing its registered office or registered agent or both in the State of Florida. If the information is not true and correct, the corporation is liable for the appointment of a registered agent. I am aware of the consequences of providing false information.

12. REMOVE AND DESTROY		13. ADD TO FILE	
NAME	PD KINNEY, CARLTON 117 N GARFIELD #5 DELAND, FL 00000	NAME	[X] Change [ ] Addition 32724
NAME	-SD- WEST, EVELYN - 117 GARFIELD #14 - DELAND, FL 00000	NAME	T/D O'KEEFE, KEVIN 117 N GARFIELD #16 DELAND, FL 32724
NAME	-VD- GIVEN, KATIE 117 N GARFIELD #12 DELAND, FL 00000	NAME	S/D [X] Change [ ] Addition
NAME	-TB- VEILLON, HELEN 117 N. GARFIELD, #10 DELAND, FL 00000	NAME	V/P [X] Change [ ] Addition 32724
NAME	-D CLEMENT, B -- 117 N GARFIELD #4 - DELAND, FL --	NAME	D KIRKLAND, RISE 117 N GARFIELD #18 DELAND FL 32724
NAME		NAME	[ ] Change [ ] Addition

14. I, the undersigned, certify that the information set forth on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information set forth on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I am aware of the consequences of providing false information.

SIGNATURE: *Natie W. Given*  
NATIE W. GIVEN  
SECRETARY AND REGISTERED AGENT OF RECORD OFFICER OR DIRECTOR