

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726136 (5)
1. Corporation Name
YORKFIELD SQUARE CONDOMINIUM ASSOCIATION INC



Principal Place of Business: 2180 W SR 434 #5000 LONGWOOD FL 32779
Mailing Address: 2180 W SR 434 #5000 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 04/16/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1633879
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, CARLTON	
STREET ADDRESS	117 N GARFIELD #5	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'KEEFE, KEVIN	
STREET ADDRESS	117 N GARFIELD #16	
CITY-ST-ZIP	DELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GIVENS, KATIE	
STREET ADDRESS	117 N GARFIELD #12	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VEILLON, HELEN	
STREET ADDRESS	117 N. GARFIELD, #10	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND, RISE	
STREET ADDRESS	117 N GARFIELD #18	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARK, CLYDE	
1.3 STREET ADDRESS	117 N GARFIELD AVE #14	
1.4 CITY-ST-ZIP	DELAND FL 32724	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZIMMERMAN, MARCY	
4.3 STREET ADDRESS	117 N GARFIELD AVE #19	
4.4 CITY-ST-ZIP	DELAND FL 32724	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Clyde A Clark* Date: 19 1996 Daytime Phone #: 736-9173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CLYDE A CLARK

CR2E037 (12/95)