

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726136 (5)**  
1. Corporation Name  
**YORKFIELD SQUARE CONDOMINIUM ASSOCIATION INC**



Principal Place of Business <b>2180 W SR 434 #5000 LONGWOOD FL 32778</b>	Mailing Address <b>2180 W SR 434 #5000 LONGWOOD FL 32778-5044</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/16/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1633879</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	<b>FL</b>
	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, CLYDE</b>	1.2 NAME	<b>VEILLON, HELEN</b>
STREET ADDRESS	<b>117 N GARFIELD AVEN, #14</b>	1.3 STREET ADDRESS	<b>117 N GARFIELD AVE #10</b>
CITY - ST - ZIP	<b>DELAND, FL 00000</b>	1.4 CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'KEEFE, KEVIN</b>	2.2 NAME	<b>QUICK, WALTER</b>
STREET ADDRESS	<b>117 N GARFIELD #16</b>	2.3 STREET ADDRESS	<b>117 N GARFIELD AVE #3</b>
CITY - ST - ZIP	<b>DELAND FL</b>	2.4 CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIVENS, KATIE</b>	3.2 NAME	<b>KIRKLAND, SHARON RISE</b>
STREET ADDRESS	<b>117 N GARFIELD #12</b>	3.3 STREET ADDRESS	<b>117 N GARFIELD AVE #18</b>
CITY - ST - ZIP	<b>DELAND, FL 00000</b>	3.4 CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, MARCY</b>	4.2 NAME	
STREET ADDRESS	<b>117 N. GARFIELD AVENUE, #19</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELAND, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRKLAND, RISE</b>	5.2 NAME	
STREET ADDRESS	<b>117 N GARFIELD #18</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELAND FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)