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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726136

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 04/16/1973	4. FEI Number 59-1633879	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, CLYDE 117 N GARFIELD AVEN, #14 DELAND, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> BOOTHE, DONALD 117 N. GARFIELD AVE. #5 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEILLON, HELEN 117 N. GARFIELD AVE., #10 DELAND FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Veillon, Helen 117 N. Garfield Ave. #10 Deland, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUICK, WALTER 117 N. GARFIELD AVE., #3 DELAND, FL 00000 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Quick, Walter 117 N. Garfield Deland, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZIMMERMAN, MARCY 117 N. GARFIELD AVENUE, #19 DELAND, FL 00000 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> CLIFTON, MARGARET 117 N. GARFIELD AVE. #4 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKLAND, SHARON R. 117 N. GARFIELD AVE., #18 DELAND FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Clark, Mary Virginia 117 N. Garfield Ave. # 14 Deland, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/11/99 DAYTIME PHONE #: 904-736-6444

CR2E037-(1/198)