

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0094483

**DOCUMENT # 726136**

1. Entity Name

**YORKFIELD SQUARE CONDOMINIUM ASSOCIATION INC**

04-09-2002 90065 045 \*\*\*\*61.25

Principal Place of Business <b>2180 W SR 434 #5000 LONGWOOD FL 32779</b>	Mailing Address <b>2180 W SR 434 #5000 LONGWOOD FL 32779</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1633879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HART, JR. J W.**  
**SENTRY MANAGEMENT, INC.**  
**2180 W SR 434, SUITE 5000**  
**LONGWOOD FL 32779**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME	SD <b>VEILLON, HELEN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>117 N GARFIELD AVE #10</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE NAME	VD <b>CLARK, CLYDE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>117 N GARFIELD AVENUE #14</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE NAME	TD <b>CLIFTON, MARGARET</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>117 N GARFIELD AVE #4</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE NAME	PD <b>KIRKLAND, RISE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>117 N GARFIELD AVE #18</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE NAME	D <b>BOOTHE, JOAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>117 N GARFIELD AVENUE #5</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	D <b>MORGAN, ELAINE A</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>117 N GARFIELD AVE #10</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	
TITLE NAME	VD <b>SEAGLE, DIANE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>117 N GARFIELD AVE #14</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD <b>WALL, RISE KIRKLAND</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>117 N GARFIELD AVE #18</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	
TITLE NAME	SD <b>BOOTHE, JOAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>117 N GARFIELD AVE #5</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rise Kirkland Wall **RISE-KIRKLAND WALL** 2/21/02 386-423-7796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)