

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726136

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: YORKFIELD SQUARE CONDOMINIUM ASSOCIATION INC

**Current Principal Place of Business:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-1633879      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DRAYER, EDWARD  
Address: 117 N GARFIELD AVE #2  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: ZAPF, SANDY  
Address: 117 N GARFIELD AVENUE #7  
City-St-Zip: DELAND, FL 32724

Title: VPD ( ) Delete  
Name: MOONEY, DOROTHY K  
Address: 117 N GARFIELD AVE #21  
City-St-Zip: DELAND, FL 32724

Title: PD ( ) Delete  
Name: OWENS, JOHN P  
Address: 117 N GARFIELD AVE #19  
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete  
Name: MUELLER, DEBRA  
Address: 117 N GARFIELD AVENUE #17  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: DRAYER, EDWARD  
Address: 117 N GARFIELD AVE #2  
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change ( ) Addition  
Name: ZAPF, SANDRA  
Address: 117 N GARFIELD AVENUE #7  
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MUELLER, DEBORAH  
Address: 117 N GARFIELD AVE #12  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P OWENS

PD

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date