

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726136

FILED
Mar 12, 2009
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: TD () Delete
Name: DRAYER, EDWARD
Address: 117 N GARFIELD AVE #2
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: ZAPF, SANDRA
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: D () Delete
Name: MUELLER, DEBORAH
Address: 117 N GARFIELD AVE #12
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CHAFFEE, MARILYN
Address: 117 N GARFIELD AVE #8
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: MATSON, PATRICIA
Address: 117 N GARFIELD AVENUE #3
City-St-Zip: DELAND, FL 32724

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

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

Title: TD (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

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date