

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003150

**FILED**  
**May 03, 2004**  
**Secretary of State****Entity Name:** THE YORKER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**444 N.E. 30TH STREET  
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**444 N.E. 30TH STREET  
MIAMI, FL 33137**New Mailing Address:**1201 BRICKELL AVENUE  
SUITE 250  
MIAMI, FL 33131

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**REINHARD, SANFORD N  
191ST STREET STE 404  
NORTH MIAMI BEACH, FL 33180 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: DP ( ) Delete  
Name: FONTECILLA, CLAUDI  
Address: 12305 SOUTH DIXIE HWY  
City-St-Zip: MIAMI, FL 33156Title: DVT ( ) Delete  
Name: BERGER, SETH  
Address: 501 BRICKELL KEY DRIVE #103  
City-St-Zip: MIAMI, FL 33131Title: DS ( ) Delete  
Name: REINHARD, SANFORD N  
Address: 2875 NE 191ST STREET #404  
City-St-Zip: AVENTURA, FL 33180**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change ( ) Addition  
Name: FONTECILLA, CLAUDIA  
Address: 1201 BRICKELL AVENUE SUITE 250  
City-St-Zip: MIAMI, FL 33131Title: DVT (X) Change ( ) Addition  
Name: BERGER, SETH  
Address: 1201 BRICKELL AVENUE SUITE 250  
City-St-Zip: MIAMI, FL 33131Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIA FONTECILLA

DP

05/03/2004

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