2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# 747229

Entity Name: THE YUM YUM TREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8041 BLIND PASS RD
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

8041 BLIND PASS RD
ST PETER BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-2175131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOP, JUDITH A.
8041 BLIND PASS ROAD
ST. PETERSBURG, FL 33706 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: PD ( ) Delete
Name: ROPER, TIMOTHY
Address: 8200 BAYSHORE DR., #2
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VD ( ) Delete
Name: HERREN, JIM
Address: 8200 BAYSHORE DR., #12
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete
Name: VELEGOL, JOHN JR.
Address: 8200 BAYSHORE DR., #11
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD ( ) Delete
Name: MALENFANT, TRACY
Address: 8200 BAYSHORE DR., #7
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D ( ) Delete
Name: CROCKER, AVICE
Address: 17024 DOLPHIN DRIVE
City-St-Zip: REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROPER, TIMOTHY
Address: 8200 BAYSHORE DR., #2
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

Title: STD (X) Change ( ) Addition
Name: MALENFANT, TRACY
Address: 8200 BAYSHORE DR., #7
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D (X) Change ( ) Addition
Name: CLOUGHLY, ETHEL
Address: 8200 BAYSHORE DRIVE #6
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH A RESOP PM 02/21/2007

Electronic Signature of Signing Officer or Director — Date