

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747229

FILED
Feb 14, 2008
Secretary of State

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: TREASURE ISLAND, 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: TREASURE ISLAND, FL 33706

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROPER, TIMOTHY
Address: 850 49TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33703

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

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

Title: STD (X) Change () Addition
Name: DELONG, KATHERINE
Address: 13 82ND AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

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

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: JUDITH A RESOP

PM

02/14/2008

Electronic Signature of Signing Officer or Director

Date