

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747229

**FILED**  
**Feb 16, 2011**  
**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  
Name: ROPER, TIMOTHY  
Address: 850 49TH AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33703

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

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

Title: STD  
Name: FREITAS, PAUL  
Address: 192 LIGE BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

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

I hereby 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 all other like empowered.

SIGNATURE: JUDITH A RESOP

PM

02/16/2011

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

\_\_\_\_\_  
Date