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05 MAY -1 AM 0:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **756704** (3)

1. Corporation Name

**YARDARM CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
600 YARDARM DRIVE APOLLO BCH FL 33572 US		600 YARDARM DRIVE APOLLO BCH FL 33572 US	

3. Date Incorporated or Qualified <b>03/11/1981</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2197563</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REMKE, RICKY A.  
212B APOLLO BEACH BLVD.  
P. O. BOX 3208  
APOLLO BCH FL 33570**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of registered agent and their signature) \_\_\_\_\_ (Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>REMKE, RICK</b>
STREET ADDRESS	<b>212B APOLLO BCH BLVD.</b>
CITY, ST, ZIP	<b>APOLLO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>MACDONALD, BRUCE</b>
STREET ADDRESS	<b>638 YARDAM DR</b>
CITY, ST, ZIP	<b>APOLLO BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>EVANS, JOHN JR.</b>
STREET ADDRESS	<b>644 YARDARM DR.</b>
CITY, ST, ZIP	<b>APOLLO BCH. FL</b>
TITLE	<b>DST</b>
NAME	<b>HAUGHEY, JUDY T</b>
STREET ADDRESS	<b>602 YARDARM DRIVE</b>
CITY, ST, ZIP	<b>APOLLO BCH FL</b>
TITLE	<b>PD</b>
NAME	<b>PETERSON, MICHAEL</b>
STREET ADDRESS	<b>682 YARDARM DR.</b>
CITY, ST, ZIP	<b>APOLLO BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>PASSERI, AL</b>
13 STREET ADDRESS	<b>606 YARDARM DRIVE</b>
14 CITY, ST, ZIP	<b>APOLLO BEACH, FL 33572</b>
21 TITLE	<b>V/S/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>MEIERS, STEVE</b>
23 STREET ADDRESS	<b>538 YARDARM DRIVE</b>
24 CITY, ST, ZIP	<b>APOLLO BEACH, FL 33572</b>
31 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>TRIPP, SHIREEN</b>
33 STREET ADDRESS	<b>2913 SQUIRE OAK COURT</b>
34 CITY, ST, ZIP	<b>ST. CLOUD, FL 34769</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>NO LONGER A DIRECTOR</b>
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
MICHAEL L. PETERSON, PRESIDENT

4/27/95 813-645-3366  
04 813-254-7157