


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90222 001 ****61.25
05-04-2005 90222 002 ****35.00

DOCUMENT # 756704
1. Entity Name
YARDARM CONDOMINIUM ASSOCIATION, INC.




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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2197563 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MICHAEL L. PETERSON ESQ
218 APOLLO BEACH BLVD
APOLLO BCH FL 33572**

7. Name and Address of New Registered Agent
Name **Melody Fischer**
Street Address (P.O. Box Number is Not Acceptable) **660 Yardarm Drive**
Apollo Beach, FL 33572
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Melody S. Fischer* **Melody S. Fischer** **4-30-2005**
Signature of registered agent or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005** 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARTWRIGHT, STEVEN	
STREET ADDRESS	604 YARDARM DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MEIERS, STEVE	
STREET ADDRESS	638 YARDARM DR.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, TROY	
STREET ADDRESS	606 YARDARM DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, TOM	
STREET ADDRESS	688 YARDARM DR.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, Melody	
STREET ADDRESS	600 Yardarm Drive	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Steven B.	
STREET ADDRESS	600 Yardarm Drive	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michalec, Richard	
STREET ADDRESS	600 Yardarm Drive	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Meiers* **Steve Meiers** **4/30/05** **813)646-1448**
Signature Printed Name of Signing Officer or Director Date Daytime Phone #