## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 17, 2008 Secretary of State **DOCUMENT#756704** 

Entity Name: YARDARM CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 600 YARDARM DRIVE 600 YARDARM DRIVE APOLLO BCH, FL 33572 APOLLO BEACH, FL 33572 US US **Current Mailing Address: New Mailing Address:** 600 YARDARM DRIVE 5008 W LINEBAUGH AVE APOLLO BCH, FL 33572 US SUITE 15 TAMPA, FL 33624 US FEI Number: 59-2197563 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALLIHAN, JUDITH A AVID PROPERTY MANGEMENT INC 612 YARDÁRM DRIVE 5008 W LINEBAUGH AVE APOLLO BEACH, FL 33572 US SUITE 15 TAMPA, FL 33624 US 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: AVELINO VIDE 06/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KAMMAN, ZENAIDA Name: Name: 632 YARDARM DRIVE Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: () Delete Title: () Change () Addition LANDI, ANTHONY Name: Name: Address: 644 YARDARM DRIVE Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: () Delete Title: () Change () Addition CARTER, STEVEN Name: Name: Address: 6505 BLACTIN WAY Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: Title: () Delete Title: () Change () Addition

Title: Title: () Delete CALLIHAN, JUDITH Name: Name: 2996 JEFFERSON STREET Address: Address: GIRARD, OH 44420 City-St-Zip: City-St-Zip:

Name:

Address:

City-St-Zip:

CALLIHAN, JUDITH

612 YARDARM DRIVE

APOLLO BEACH, FL 33572

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AVELINO VIDE **AGT** 06/17/2008

() Change () Addition