

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756704

FILED
Jul 02, 2009
Secretary of State

Entity Name: YARDARM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 YARDARM DRIVE
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

5008 W LINEBAUGH AVE
SUITE 15
TAMPA, FL 33624 US

New Mailing Address:

3750 GUNN HIGHWAY
SUITE 109
TAMPA, FL 33618 US

FEI Number: 59-2197563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AVID PROPERTY MANGEMENT INC
5008 W LINEBAUGH AVE
SUITE 15
TAMPA, FL 33624 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: VP () Delete
Name: KAMMAN, ZENAIDA
Address: 632 YARDARM DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: T () Delete
Name: LANDI, ANTHONY
Address: 644 YARDARM DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: S () Delete
Name: CARTER, STEVEN
Address: 6505 BLACTIN WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: P () Delete
Name: CALLIHAN, JUDITH
Address: 612 YARDARM DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AVELINO VIDE

RA

07/02/2009

Electronic Signature of Signing Officer or Director

_____ Date