2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000001398

1. Entity Name
VILLAGE OF YARDLEY NEIGHBORHOOD ASSOCIATION,



FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90041 007 ****61.25

INC.							TEI)						
4373 ROCK ISLAND RD 4			437	Mailing Address 4373 ROCK ISLAND RD LAUDERHILL, FL 33319			40060870						
			T ==										
2. Principal Place of Business - No P.O. Box #			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04022007	Chg-NP		CR2E0	37 (12/06)	
City & State			City & State					4. FEI Numbe 01-062					pplied For
Zip	Country		Zip Co		Cou	ntry		5. Certificate		sired	□	\$8.75 Ad	Iditional
	6. Name	and Address of Current	Register	ed Agent		T	1	7. Name and	Address of	New Rec	istered .		90
0414DDEL						Name		1			97		•••
CAMPBEL 4373 ROC		RTY MANAGEMEN') RD	Т	Street Addres			ddress (f	P.O. Box Numbe	or is Not Acce	rotahla)			
LAUDERH				Street Address			Guitaa ,.	F.O. DOX 144	91 15 1401 7000	dipropres			
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					City					FL	Zip Cod	de	
8. The above	named entit	y submits this statement for	or the purp	pose of changing its	registere	L ed office or	registere	ed agent, or bot	th, in the State	of Flori		 familiar with	, and accept
the obligat	tions of regist	lered agent.			=		-	-					,
SIGNATURE	Signature, typed	or printed name of registered agent	and title if ap	olicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)			DATE		<u>-</u>
				1				_					
Filing Fee is \$61.25				9. Election Campaign Financing Trust Fund Contribution.									
	_							\$5.00 May B	e			k payable t tment of S	
10	_	May 1, 2007	=======	Trust Fund C	Contributi		Ц	Added to Fees		Florid	a Depar	tment of S	itate
10.	_		RECTORS	Trust Fund C	Contributi	ion.	Ц			Florid	a Depar	tment of S	v 10
10. TITLE NAME	Due by N	May 1, 2007	RECTORS	Trust Fund C	Contributi	ion.	Ц	Added to Fees		Florid	a Depar	tment of S	itate
TITLE	P KRUPIN,	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE	ion.	Ц	Added to Fees		Florid	a Depar	tment of S	v 10
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

Jaman Duys.
AGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Daytime Phone #