


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 004 ****61.25

DOCUMENT # N02000001398		
1. Entity Name VILLAGE OF YARDLEY NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business 4373 ROCK ISLAND RD LAUDERHILL, FL 33319	Mailing Address 4373 ROCK ISLAND RD LAUDERHILL, FL 33319
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL, FL 33319	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

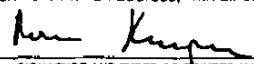
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPIN, NORMAN	NAME	
STREET ADDRESS	4373 ROCK ISLAND RD	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	S	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEGAR, PAULA	NAME	Director
STREET ADDRESS	4373 ROCK ISLAND RD	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFEE, GREGG	NAME	
STREET ADDRESS	4373 ROCK ISLAND RD	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHER, MORTON	NAME	SHER, MORTON
STREET ADDRESS	4374 ROCK ISLAND RD.	STREET ADDRESS	4373 Rock Island Road
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	LAUDERHILL - FL 33319
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATELLI, RONALD	NAME	Tom M E Z Z APELLA
STREET ADDRESS	4373 ROCK ISLAND RD	STREET ADDRESS	4373 Rock Island Road
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONE, BARBARA	NAME	Sam Strauss
STREET ADDRESS	4373 ROCK ISLAND RD	STREET ADDRESS	4373 Rock Island Road
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	LAUDERHILL FL

12. I hereby certify that the information supplied with this filing 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.
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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40044341



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0628253	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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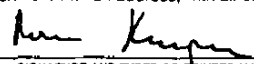
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