

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90030 034 ****61.25

60016217



DOCUMENT # N02000007871 1. Entity Name YARDLEY CONDOMINIUM F ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business C/O CCM 10034 W MCNAB ROAD TAMARAC, FL 33321			Mailing Address C/O CCM, INC 10034 W MCNAB ROAD, FL 33321																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																																		
4. FEI Number 53-0827502				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W MCNAB ROAD TAMARAC, FL 33319			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2006		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																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">PD</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STRAUSS, SAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10034 W MCNAB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOFFMAN, PENNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100034 W MCNAB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BONÉ, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10034 W MCNAB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SALOMON, ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10034 W MCNAB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENDHEIM, BERNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10034 W MCNAB ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Truman Brad Set</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>treasurer</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>vice President</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	STRAUSS, SAM		STREET ADDRESS	10034 W MCNAB ROAD		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	VP	<input type="checkbox"/> Delete	NAME	HOFFMAN, PENNIE		STREET ADDRESS	100034 W MCNAB ROAD		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	T	<input type="checkbox"/> Delete	NAME	BONÉ, BARBARA		STREET ADDRESS	10034 W MCNAB ROAD		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	S	<input type="checkbox"/> Delete	NAME	SALOMON, ANN		STREET ADDRESS	10034 W MCNAB ROAD		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	D	<input type="checkbox"/> Delete	NAME	BENDHEIM, BERNIE		STREET ADDRESS	10034 W MCNAB ROAD		CITY-ST-ZIP	TAMARAC, FL 33321		TITLE	Truman Brad Set	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	STRAUSS, SAM																																																																																																																																																				
STREET ADDRESS	10034 W MCNAB ROAD																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	HOFFMAN, PENNIE																																																																																																																																																				
STREET ADDRESS	100034 W MCNAB ROAD																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	T	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	BONÉ, BARBARA																																																																																																																																																				
STREET ADDRESS	10034 W MCNAB ROAD																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	SALOMON, ANN																																																																																																																																																				
STREET ADDRESS	10034 W MCNAB ROAD																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																																			
NAME	BENDHEIM, BERNIE																																																																																																																																																				
STREET ADDRESS	10034 W MCNAB ROAD																																																																																																																																																				
CITY-ST-ZIP	TAMARAC, FL 33321																																																																																																																																																				
TITLE	Truman Brad Set	<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	Director	<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 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: <i>Pennie Hoffman</i> President 2/11/06 954-597-7807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					