

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90012 014 \*\*\*\*61.25

<b>DOCUMENT # N02000007871</b>					
<b>1. Entity Name</b> YARDLEY CONDOMINIUM F ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O CCM 10034 W MCNAB ROAD TAMARAC, FL 33321			<b>Mailing Address</b> C/O CCM, INC 10034 W MCNAB ROAD, FL 33321		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 53-0827502	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MILES, JAMES R 10034 W MCNAB ROAD TAMARAC, FL 33319			Name <u>KATZMAN + KORR PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1501 NW 49 ST</u> <u>SUITE 202</u> City <u>FT LAUDERDALE</u> <b>FL</b> Zip Code <u>33309</u>		
<b>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.</b>					
SIGNATURE		Ferren L. Korre, Esq.		2/12/07	
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> HOFFMAN, PENNIE <b>STREET ADDRESS</b> 100034 W MCNAB ROAD <b>CITY-ST-ZIP</b> TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> X P <b>NAME</b> BONE, BARBARA <b>STREET ADDRESS</b> 10034 W MCNAB ROAD <b>CITY-ST-ZIP</b> TAMARAC, FL 33321	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> SALOMON, ANN <b>STREET ADDRESS</b> 10034 W MCNAB ROAD <b>CITY-ST-ZIP</b> TAMARAC, FL 33321	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> BENDHEIM, BERNIE <b>STREET ADDRESS</b> 10034 W MCNAB ROAD <b>CITY-ST-ZIP</b> TAMARAC, FL 33321	<input type="checkbox"/> Delete				
<b>TITLE</b> Trueman <b>NAME</b> BRONSON T <b>STREET ADDRESS</b> 10034 W MCNAB RD, Tamarac, FL <b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete				
<b>TITLE</b> Audrey <b>NAME</b> DILLAMON D <b>STREET ADDRESS</b> 10034 W. McNab Rd. <b>CITY-ST-ZIP</b> Tamarac FL 33321	<input type="checkbox"/> Delete				
<b>TITLE</b> DT <b>NAME</b> TRUEMAN BRONSON <b>STREET ADDRESS</b> 10034 W MCNAB RD <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D <b>NAME</b> AUDREY DILLAMON <b>STREET ADDRESS</b> 10034 W MCNAB RD <b>CITY-ST-ZIP</b> TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>		Barbara Bone		2-23-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	