



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90166 008 \*\*\*\*61.25

<b>DOCUMENT # N03000001559</b> 1. Entity Name <b>YARDLEY CONDOMINIUM C ASSOCIATION, INC.</b>					
Principal Place of Business <b>8190 STATE ROAD 84 DAVIE, FL 33324</b>				Mailing Address <b>8190 STATE ROAD 84 DAVIE, FL 33324</b>	
2. Principal Place of Business <b>CCM, INC</b> Suite, Apt. #, etc. <b>10034 W McNab Rd</b>		3. Mailing Address <b>10034 W McNab Rd</b> Suite, Apt. #, etc.			
City & State <b>TAMARAC FL</b>		City & State <b>TAMARAC, FL</b>		4. FEI Number <b>05-0559034</b>	
Zip <b>33321</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATRICIA KIMBALL FLETCHER, P.A. 200 SOUTH BISCAYNE BOULEVARD SUITE 3400 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>CONSOLIDATED COMMUNITY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>10034 W. McNab Rd</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</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.					
SIGNATURE <b>James R. Miles</b> <small>Signature, typed or printed name of registered agent and use if applicable.</small>				DATE <b>3/29/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> <input checked="" type="checkbox"/> Delete	NAME <b>RIEFS, MARTIN L</b>		TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>HARRY W. GROINOFF</b>	
STREET ADDRESS <b>7620 NOB HILL ROAD</b>	CITY-ST-ZIP <b>TAMARAC, FL 33321</b>		STREET ADDRESS <b>10034 W. McNab Rd</b>	CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME <b>SCHRAGER, MARLENE</b>		TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>PHYLLIS KRAFFICK</b>	
STREET ADDRESS <b>8190 STATE ROAD 84</b>	CITY-ST-ZIP <b>DAVIE, FL 33324</b>		STREET ADDRESS <b>10034 W. McNab Rd</b>	CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>STD</b> <input checked="" type="checkbox"/> Delete	NAME <b>MURPHY, ELIZABETH</b>		TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>MARY JANE MOORE</b>	
STREET ADDRESS <b>8190 STATE ROAD 84</b>	CITY-ST-ZIP <b>DAVIE, FL 33324</b>		STREET ADDRESS <b>10034 W. McNab Rd</b>	CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	
TITLE <b>PAID</b> <input type="checkbox"/> Delete	NAME <b>1004</b>		TITLE <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>MATT BROWN</b>	
STREET ADDRESS <b>1004</b>	CITY-ST-ZIP <b>1004</b>		STREET ADDRESS <b>10034 W. McNab Rd</b>	CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>LOTTIE KOESTEN</b>		STREET ADDRESS <b>10034 W. McNab Rd</b>		
CITY-ST-ZIP <b>TAMARAC FL 33321</b>			CITY-ST-ZIP <b>TAMARAC FL 33321</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Paul D. Kloos</b> <b>Pres.</b> <b>4/1/05</b> <b>954 597-7861</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					