

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-14-2008 90037 002 ****61.25

DOCUMENT # N03000001559

1. Entity Name
YARDLEY CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business
**4373 ROCKISLAND RD
LAUDERDALE, FL 33319**

Mailing Address
**4373 ROCKISLAND RD
LAUDERDALE, FL 33319**

66008068



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
05-0559034

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT
4373 ROCKISLAND RD
LAUDERDALE, 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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOFFEE, GREGG	
STREET ADDRESS	7735 YARDLEY DR #114	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KRAFICK, PHYLISS	
STREET ADDRESS	7735 YARDLEY DR #109	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MARY JANE	
STREET ADDRESS	7735 YARDLEY DR #401	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MATT	
STREET ADDRESS	7735 YARDLEY DR #415	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOESTEN, LOTTIE	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE GREGG	
STREET ADDRESS	7735 YARDLEY DR. # 114	
CITY-ST-ZIP	TAMARAC - FL 33321	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED COHEN	
STREET ADDRESS	7735 YARDLEY DR. #315	
CITY-ST-ZIP	TAMARAC - FL 33321	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN SHAPIRO	
STREET ADDRESS	7735 YARDLEY DR. # 313	
CITY-ST-ZIP	TAMARAC - FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

(954) 739-1600

Date

Daytime Phone #