



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2005 90166 009 \*\*\*\*61.25

<b>DOCUMENT # N03000009595</b> 1. Entity Name <b>YARDLEY CONDOMINIUM A ASSOCIATION, INC.</b>					
Principal Place of Business <b>8190 STSTE RD 84</b> <b>DAVIE, FL 33324</b>			Mailing Address <b>8190 STSTE RD 84</b> <b>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. <b>10034 W McNab Rd</b>			
City & State <b>TAMARAC FL</b>		City & State <b>TAMARAC, FL</b>		4. FEI Number <b>57-1193829</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.</b> <b>200 S BISCAYNE BLVD STE 3400</b> <b>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 title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>3/29/05</b>		
<b>Filing Fee is \$61.25</b> <b>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</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIEFS, MARTIN L 7620 NOB HILL RD TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAULA TIEGER 10034 W. McNab Rd TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHRAGER, MARLENE 8190 STSTE RD 84 DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFFREY COHEN 10034 W. McNab Rd TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MURPHY, ELIZABETH 8190 STSTE RD 84 DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MELANIE KALEKY 10034 W. McNab Rd TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KAREN KAPLAN 10034 W. McNab Rd TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL 1004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR IRWIN ROSENTHAL 10034 W. McNab Rd TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Paula Tieger, PAULA TIEGER, PRESIDENT 4/4/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					