



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-16-2006 90025 005 ****61.25

DOCUMENT # N03000009595 1. Entity Name YARDLEY CONDOMINIUM A ASSOCIATION, INC.					
Principal Place of Business CCM INC 10034 W MCNAB RD TAMARAC, FL 33321 US			Mailing Address 10034 W MCNAB RD TAMARAC, FL 33321 US		
2. Principal Place of Business Campbell Property Management Suite, Apt. #, etc.		3. Mailing Address 4373 Rock Island Rd Suite, Apt. #, etc.			
City & State lauderhill		City & State laudeehill		4. FEI Number 57-1193829	
Zip 33319		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name Campbell Property Management Street Address (P.O. Box Number is Not Acceptable) 4373 Rock Island Rd laudeehill, FL 33318 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 <u><i>[Signature]</i></u> President DATE 5/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEGER, PAULA 10034 W MCNAB RD TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN ROSENTHAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, JEFFERY 10034 W MCNAB RD TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELANIE KALEKY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALEKY, MELANIE 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Phillip Lettzen Orsini	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES KAPLAN, KAREN 10034 W MCNAB RD TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dominic Gray	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, IRWIN 10034 W MCNAB RD TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie Phillips	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> IRWIN ROSENTHAL President DATE 5/10/06 DAYTIME PHONE 954-739-1600 <small>Signature and typed or printed name of signing officer or director</small>					



Campbell
PROPERTY MANAGEMENT

ATTACHMENT
40092721
#103000009595

May 12, 2006

FL Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Campbell Property Management is the new management company for this association, in the transition of Management Company the post card was never received by our office. This was mailed to the previous management company.

At this time we asked to waive any late fees that have occurred. Thank you in advance.

Sincerely,

Nady Polanco
Bookkeeper