2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State

		ANNUAL	. KE	PUKI				3	ecreta	ry ()1 Du	ate
DOCUMENT # N0300009595 1. Entity Name YARDLEY CONDOMINIUM A ASSOCIATION, INC.								03-12-2008 9	-			
Principal Place of Business CAMPBELL PROPERTY MANAGEMENT 4374 ROCK ISLAND RD. LAUDERHILL, FL 33319 US			437	Mailing Address 4373 ROCK ISLAND RD LAUDERHILL, FL 33319 US								
2. Principal Place of Business - No P.O. Box # 3.			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01312008	Chg-NP	CR2E0	037 (12/06)	
City & State			City & State					E7 4402920			pplied For ot Applicable	
Zip Country 6. Name and Address of Current				Zip			Certificate of Status Desired Name and Address of New Registe				\$8.75 Add Fee Require	
CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD FORT LAUDERDALE, FL 33318						Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
8. The above the obliga SIGNATURE	Signature, typed	d or printed name of registered agent a		plicable. (NOTE	: Registered	d Agent signa	iture required	when reinstating)	1 92.2	DATE	familiar with,	
Filing Fee is \$61.25 Due by May 1, 2008							\$5.00 May Be Added to Fees	Flor	ida Depa	k payable to	tate ·	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	OFFICERS AND DIR PAULA RDLEY DRIVE #114 C, FL 33321	ECTORS	Delete			A	DDITIONS/CHAI	NGES TO OFFICE	RS AND DI	IRECTORS IN	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMARAC, FL 33321						KAP	ECTOR PLAN, KAREN TYARDLEY DR. #213 14RAC - F1.33321			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7715 YAR TAMARAC	IAN, PEARL RDLEY DRIVE #411 C, FL 33321		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, DOMINIC 7715 YARDLEY DRIVE #206 TAMARAC, FL 33321										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	7715 YAR	ALEXANDER RDLEY DRIVE #111 C, FL 33321		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	VICE HEC 77H TAI	PRESI WER, AL YARDL YARA C	DENT EXANDE BY DR.7 - F1.33	 R # /// 32/	Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete		T ADDRESS					☐ Change	☐ 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: Paula Jugar PAULA TIEGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S

2/20/08 (954) 739-1600