2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
02-18-2005 90053 018 ****61.25

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DOCUMENT # N04000001281

1. Entity Name
YARDLEY CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8190 STATE RD 84 DAVIE, FL 33324	8190 STATE RD 84 DAVIE, FL 33324

01082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1308715 ☐ Applied For ☐ Not Applicable

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
PATRICIA KIMBALL FLETCHER, P.A. 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131	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.

DATE

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☒ Delete	TITLE	Treasurer - TR	☐ Change ☒ Addition
NAME	RIEFS, MARTIN		NAME	Morton Dubinsky	
STREET ADDRESS	7620 NOB HILL RD		STREET ADDRESS	7725 Yardley Drive #111	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	DV	☒ Delete	TITLE	Vice Pres. - VPD	☐ Change ☒ Addition
NAME	SCHRAGER, MARLENE		NAME	Howard Katz	
STREET ADDRESS	8190 STATE RD 84		STREET ADDRESS	7725 Yardley Dr. #104	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	DST	☒ Delete	TITLE	Director - D	☐ Change ☒ Addition
NAME	MURPHY, ELIZABETH		NAME	Alan Moses	
STREET ADDRESS	8190 STATE RD 84		STREET ADDRESS	7725 Yardley Dr #408	
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP	Tamarac FL 33321	
TITLE		☐ Delete	TITLE	Secretary SD	☐ Change ☒ Addition
NAME			NAME	Steven Randman	
STREET ADDRESS			STREET ADDRESS	7725 Yardley Drive #113	
CITY-ST-ZIP			CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ Delete	TITLE	President PD	☐ Change ☒ Addition
NAME			NAME	Morton Sher	
STREET ADDRESS			STREET ADDRESS	7725 Yardley Drive #402	
CITY-ST-ZIP			CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Morton S. Sher 11/13/05 954-577-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MORTON S. SHER