2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N13435 04-18-2006 90079 028 ****61.25 1. Entity Name YANKEE EXECUTIVE WAREHOUSE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 5300 N.W. 12TH AVE 5300 N.W. 12TH AVE SUITE #6 SUITE #6 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number City & State City & State 59-2796149 Not Applicable \$8.75 Additional Country Zìp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CROYLE, PHILIP J. 1900 GLADES ROAD, SUITE 401 BOCA RATON FL 33431-7333 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Florida Department of State Due Bŷ May 1, 2006 Trust Fund Contribution. Added to Fees A 1 建二 净。 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS CLAUDIO FONSECA TITLE VP PD ☐ Delete TITLE 5300 NW 12 FO AVE BAY#8 NAME MINYARD, LEE NAME 5300 NW 12TH AVENUE #6 STREET ADDRESS STREET ADDRESS FT LAUSERDALE ti. 33309 CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ALAN GOLDSTEIN 🕅 Delete TITLE DITEE 5300 NW 12THAUE BAY#9 NAME DESPREAUX, MICHAEL NAME STREET ADDRESS STREET ADDRESS 5300 NW 12 AVENUE #3 AUD ERDAUE FT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chanse Delete TITLE NAME DANNUNZIO, FRANK NAME STREET ADDRESS 5300 NW 12TH AVE #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LADUERDALE FL 3330 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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 chapter (or on an attendment with an address with all otherlike empowered.)

FILED

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