

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 039 ****61.25

DOCUMENT # N94000005612 1. Entity Name YELLOWFIN BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROFESSIONALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904 US			Mailing Address PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business Gateway Management Suite, Apt. #, etc. 23081 Harborview Rd. City & State Port Charlotte FL Zip 33980		3. Mailing Address Gateway Management Suite, Apt. #, etc. P.O. Box 380758 City & State Murdoch FL Zip 33938		01162006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3294458	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS INC 8270 COLLEGE PKWY, #103 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Kristine Wis hard Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview City Port Charlotte FL Zip Code 33980		
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>Kristine Wis hard</i></u> DATE <u>4/10/06</u> <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 CLARK, WALTER J HC 88, BOX 552 POCONO LAKE, PA 18347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Bob Saulnier 206 Big Pine Lane Punta Gorda FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILES, LEVITRE 102 BIG PINE LANE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Joyce Levitre 102 Big Pine Lane Punta Gorda FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EDWARDS, MARY ANN 108 BIG PINE LANE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Janice Conrad 50 Big Pine Lane Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONRAD, JANICE 50 BIG PINE LANE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Susan Carlisle 55 Big Pine Lane Punta Gorda FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARLISLE, SUSAN K 55 BIG PINE LANE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Susan Carlisle 55 Big Pine Lane Punta Gorda FL 33955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARLISLE, SUSAN K 55 BIG PINE LANE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Susan Carlisle 55 Big Pine Lane Punta Gorda FL 33955	<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>Susan K. Carlisle</i></u> <u>Susan Carlisle</u> <u>4-27-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					