

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005612

FILED
Mar 16, 2009
Secretary of State

Entity Name: YELLOWFIN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

GATEWAY MGMT
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

GATEWAY MGMT
PO BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 59-3294458 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WISHARD, KRISTINA
23081 HARBORVIEW
33980, FL 33919 US

Name and Address of New Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

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.

SIGNATURE: KRISTINE WISHARD

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARK, WALTER
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938 US

Title: VPD () Delete
Name: MUSCARELLA, LARRY
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938 US

Title: SD () Delete
Name: KRONE, DOROTHY
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938 US

Title: TD () Delete
Name: BLOOM, MARTIN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938 US

Title: D () Delete
Name: CARLISLE, SUSAN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER CLARK

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date