## -2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2007 8:00 am Secretary of State DOCUMENT # N96000004712 YELLOWFIN COVE CONDOMINIUM ASSOCIATION, INC 04-20-2007 90202 042 \*\*\*\*61.25 Principal Place of Business Mailing Address PROFESSIONALLY YOURS INC % PROFESSIONALLY YOURS INC 20009033 PO BOX 100831 1342 SE 46 LANE 3 CAPE CORAL, FL 33910 CAPE CORAL, FL 33904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02142007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3431190 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired J'S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEAGER, GEORGE 2517 SANTA BARBARA BLVD, #11 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33919 Prad blue. #500 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ST Delete TITLE TITLE ☐ Change ☐ Addition FURTON, DENNIS NAME STREET ADDRESS 4620 BIG PASS LANE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-7IP TITLE ☐ Delete PCLS. ☐ Addition TITLE HYATT, TERRY NAME MARAE 4037 BIG PASS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP Delete TITLE \_\_\_ ☐ Change TITLE ☐ Addition NAME FOLIO, GEORGE NAME STREET ADDRESS 4021 BIG PASS LANE STREET ADDRESS PUNTA GORDA, FL 33955 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition 1031 Big Pzsi NAME NAME STREET ADDRESS STREET ADDRESS FL 33955 CITY-ST-ZIP CITY-ST-ZIP 47 Gorda. Sec. /Tres. Addition ☐ Delete TITLE ☐ Change NAME NAME MARK JESSC 4001 8:3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

Date

Daytime Phone #

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all

**FILED**