

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097733

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE SHOPPES AT YORKTOWNE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1665 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290531  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 45-0547821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAFFKA, BRUCE  
5763 STEWART AVE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GAFFKA, BRUCE  
Address: 5763 STEWART AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: DV ( ) Delete  
Name: PAYTAS, JAMES W JR  
Address: 794 SANDERS RD SUITE 1  
City-St-Zip: PORT ORANGE, FL 32127

Title: DST ( ) Delete  
Name: BARKER, RICHARD  
Address: 5967 BOGGS FORD RD  
City-St-Zip: PORT ORANGE, FL 32127

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE GAFFKA

DP

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date