FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750008 (5)

1. Corporation Name
YORK MANOR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3160-36TH STREET N ST. PETERSBURG FL 33713	3160-36TH STREET N ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: **12/03/1979**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2153910** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FEGLEY, RUTH
3160 36TH STREET NORTH, APT. 103
ST. PETERSBURG FL 33713-9434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FEGLEY, RUTH	1.2 NAME		
STREET ADDRESS	3160 36TH ST N	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP		
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	LAUFF, DOLORES	2.2 NAME		
STREET ADDRESS	3160 36TH ST., N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, FAYE	3.2 NAME		
STREET ADDRESS	3160 36TH ST. N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, RICHARD	4.2 NAME		
STREET ADDRESS	3160 36TH ST N	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LAUFF, OTTO	5.2 NAME		
STREET ADDRESS	3160 36TH ST N	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL	5.4 CITY-ST-ZIP		
TITLE	STD	6.1 TITLE		☒ Change ☐ Addition
NAME	FLROA, LUANNA	6.2 NAME	FLORA, LUANNA	
STREET ADDRESS	3160 36TH STREET, NORTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE. FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Fegley Pres. RUTH FEGLEY 4-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMON