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FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 750008 (5)

1. Corporation Name

YORK MANOR CONDOMINIUM ASSOCIATION, INC.



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

4. FEI Number

59-2153910

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name CHARLES CORBIN  
82 Street Address (P.O. Box Number is Not Acceptable) 3160 36TH STREET NORTH  
83 ST. PETERSBURG FL 33713  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FEGLEY, RUTH  
STREET ADDRESS 3160 36TH ST N  
CITY-ST-ZIP ST PETE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME HOWARD, FAYE  
STREET ADDRESS 3160 36TH ST., N.  
CITY-ST-ZIP ST PETE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME LAUFF, DOLORES CLIFF  
STREET ADDRESS 3160 36TH ST. N.  
CITY-ST-ZIP ST PETE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HOWARD, RICHARD  
STREET ADDRESS 3160 36TH ST N  
CITY-ST-ZIP ST PETE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME KRAFT, SANDY  
STREET ADDRESS 3160 36TH ST N  
CITY-ST-ZIP ST PETE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE STD  
NAME FLORA, LUANNA  
STREET ADDRESS 3160 36TH STREET, NORTH  
CITY-ST-ZIP ST. PETE. FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Signature of registered agent

4-8-98

CR2E037 (10/97)