

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90188 004 \*\*\*\*61.25

**DOCUMENT # 712024**

1. Entity Name

**THE YORKTOWNE VILLAS ASSOCIATION, INC.**



Principal Place of Business

**330 YORKTOWNE CIRCLE  
ATLANTIS FL 33462  
US**

Mailing Address

**330 YORKTOWNE CIRCLE  
ATLANTIS FL 33462  
US**

2. Principal Place of Business

**342 YORKTOWNE CIRCLE**

Suite, Apt. #, etc.

City & State

**ATLANTIS, FL**

Zip

**33462**

Country

3. Mailing Address

**342 YORKTOWNE CIRCLE**

Suite, Apt. #, etc.

City & State

**ATLANTIS, FL**

Zip

**33462**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1590287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOELTKE, LOREN**

**330 YORKTOWNE CIRCLE  
ATLANTIS FL 33462**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **David Usilton, Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

**2/12/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>HOELTKE, LOREN H<br/>330 YORKTOWNE CIRCLE<br/>ATLANTIS FL 33462</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER<br/>DAVID USILTON<br/>342 YORKTOWNE CIRCLE<br/>ATLANTIS, FL 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DUREST, ELIZABETH<br/>326 YORKTOWNE CIR<br/>ATLANTIS FL 33462</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY<br/>MARTURIA BENSON<br/>362 YORKTOWNE CIRCLE<br/>ATLANTIS, FL 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MCINNIS, JUTTA<br/>370 YORKTOWN CIRCLE<br/>ATLANTIS FL 33462</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR AT LARGE<br/>BUD BARRATT<br/>374 YORKTOWNE CIRCLE<br/>ATLANTIS, FL 33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR AT LARGE<br/>PEGGY MEYER<br/>378 YORKTOWNE CIRCLE<br/>ATLANTIS, FL 33462</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

CR2E037 (10/02)

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David Usilton**  
**SIGNATURE REQUIRED**

**2/12/03 (561) 969-7522**