

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90027 011 ****61.25

DOCUMENT # 717612

1. Entity Name

YOCAM VILLAGE COMMUNITY ASSOCIATION



Principal Place of Business

**18110 LAKEFRONT DR.
LUTZ FL 33549**

Mailing Address

**18110 LAKEFRONT DR.
LUTZ FL 33549**



2. Principal Place of Business

18110 Lakefront Dr.

Suite, Apt. #, etc.

Lutz, Florida

City & State

Zip
33548

Country
U.S.A.

3. Mailing Address

18110 Lakefront Dr.

Suite, Apt. #, etc.

Lutz, Florida

City & State

33548 U.S.A.

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2531761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, SR, HOMER E
18110 LAKEFRONT DRIVE
LUTZ FL 33549**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☐ Delete
NAME **BROWN, PAT**
STREET ADDRESS **919 HALF MOON CT**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Delete
NAME **MITCHELL, SR, HOMER E**
STREET ADDRESS **18110 LAKE FRONT DR**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Delete
NAME **WRIGHT, HARRY**
STREET ADDRESS **18102 CROOKED LANE**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Delete
NAME **LEAVELL, KENNETH W**
STREET ADDRESS **18107 2ND AVE**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☒ Delete
NAME **PASCH, FRANK**
STREET ADDRESS **18111 LAKEFRONT DR**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE ☐ Delete
NAME **HUNT, ELIZABETH**
STREET ADDRESS **1055 STARDUST LANE**
CITY-ST-ZIP **LUTZ FL 33548**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **President Burrell, Walter**
STREET ADDRESS **3351 Parkway Blvd.**
CITY-ST-ZIP **Land O' Lakes, Florida 34639**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Homer E. Mitchell Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-06