

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717612

FILED
Mar 04, 2010
Secretary of State

Entity Name: YOCAM VILLAGE COMMUNITY ASSOCIATION

Current Principal Place of Business:

18110 LAKEFRONT DR .
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18110 LAKEFRONT DR .
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-2531761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: BROWN, PAT
Address: 919 HALF MOON CT
City-St-Zip: LUTZ, FL 33548

Title: ST
Name: MITCHELL, SR, HOMER E
Address: 18110 LAKE FRONT DR
City-St-Zip: LUTZ, FL 33548

Title: T
Name: BROWN, GREGORY
Address: 18111 LAKEFRONT DR.
City-St-Zip: LUTZ, FL 33548

Title: T
Name: GRIFFIN, PATRICK
Address: 18103 1ST AVE.
City-St-Zip: LUTZ, FL 33548

Title: P
Name: MINCEY, LINDA
Address: 18101 LAKEFRONT DR.
City-St-Zip: LUTZ, FL 33548

Title: VP
Name: FAUCHER, JOAN
Address: 18101 1ST AVE.
City-St-Zip: LUTZ, FL 33548

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOAN FAUCHER

VP

03/04/2010

Electronic Signature of Signing Officer or Director

Date