

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 721768 (0)

1. Corporation Name

Y C C S PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**3883 S E FAIRWAY EAST
STUART FL 34997**

Mailing Address

**3883 S E FAIRWAY EAST
STUART FL 34997**

3. Date Incorporated or Qualified
09/24/1971

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1426270

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**KAPLAN, MICHAEL L
3883 SE FAIRWAY E
STUART, FL
34997**

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 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

TITLE **VPD** ☐ DELETE
NAME **PATTERSON, ROBERT A**
STREET ADDRESS **3474 SE FAIRWAY EAST**
CITY-ST-ZIP **STUART FL**

TITLE **PD** ☒ DELETE
NAME **FISHER, BEN J**
STREET ADDRESS **3244 SE FAIRWAY EAST**
CITY-ST-ZIP **STUART FL**

TITLE **SD** ☒ DELETE
NAME **DEETER, DONALD A.**
STREET ADDRESS **3373 SE FAIRWAY EAST**
CITY-ST-ZIP **STUART FL**

TITLE **TD** ☐ DELETE
NAME **HALEY, JOHN A**
STREET ADDRESS **3581 SE FAIRWAY W**
CITY-ST-ZIP **STUART FL**

TITLE **LEG** ☐ DELETE
NAME **GODSHALK, ERNEST**
STREET ADDRESS **4369 SE WHITCAR WAY**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Cleaver, Hal**
2.3 STREET ADDRESS **3374 SE Fairway East**
2.4 CITY-ST-ZIP **Stuart, FL 34997**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Hogan, James**
3.3 STREET ADDRESS **2931 SE Fairway West**
3.4 CITY-ST-ZIP **Stuart, FL 34997**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Daytime Phone #

407-287-373

CR2E037 (12/95)