

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
4. FEI Number 59-1426270	Applied For ☐ Not Applicable
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	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	SD OSTENDORF, PHILIP 3331 SE FAIRWAY WEST STUART FL	1.1 TITLE	PD James Hogan
NAME		1.2 NAME	2931 SE Fairway West
STREET ADDRESS		1.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD CLEAVER, HAL 3374 SE FAIRWAY EAST STUART FL	2.1 TITLE	VPD Philip Ostendorf
NAME		2.2 NAME	3331 SE Fairway West
STREET ADDRESS		2.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD HOGAN, JAMES 2931 SE FAIRWAY WEST STUART FL	3.1 TITLE	PD Keith Rowe
NAME		3.2 NAME	3654 SE Fairway East
STREET ADDRESS		3.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	LEG GODSHALK, ERNEST 4369 SE WHITCAR WAY STUART FL	4.1 TITLE	SD Bill Welsheimer
NAME		4.2 NAME	3402 SE Court Drive
STREET ADDRESS		4.3 STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Handwritten signatures] 3/26/98 561-287-3726

CR2E037 (10/97)