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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721768**

1. Corporation Name
Y C C S PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3883 S E FAIRWAY EAST STUART FL 34997	3883 S E FAIRWAY EAST STUART FL 34997

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
09/24/1971

4. FEI Number
59-1426270
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KAPLAN, MICHAEL L
3883 SE FAIRWAY E
STUART FL 34997

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOGAN, JAMES		1.2 NAME		
STREET ADDRESS	2931 SE FAIRWAY WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	OSTENDORF, PHILIP		2.2 NAME	Verne A. TRINKINO	
STREET ADDRESS	8331 SE FAIRWAY WEST		2.3 STREET ADDRESS	2951 SE FAIRWAY WEST	
CITY-ST-ZIP	STUART FL 34997		2.4 CITY-ST-ZIP	Stuart FL 34997	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROWE, KEITH		3.2 NAME		
STREET ADDRESS	3654 SE FAIRWAYEAST		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELSHEIMER, BILL		4. 2 NAME		
STREET ADDRESS	3602 SE COURT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James A. Hogan **REQUIRED** 3-18-99 561-287-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #