

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # 721768**1. Entity 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 349972. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1426270
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN MICHAEL L
3883 SE FAIRWAY ESTUART FL
34997 US

7. Name and Address of New Registered Agent

Name
KAPLAN MICHAEL L
Street Address (P.O. Box Number is Not Acceptable)
3883 SE FAIRWAY ECity
STUART FL
Zip Code
34997

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.

SIGNATURE **MICHAEL L. KAPLAN****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	Delete
NAME	DUMEZIUS DOROTHY	☐
STREET ADDRESS	3062 SE FAIRWAY WEST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	☒
NAME	WELSHEIMER BILL	
STREET ADDRESS	3602 SE COURT DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	☐
NAME	ROWE KEITH	
STREET ADDRESS	3654 SE FAIRWAY EAST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	☐
NAME	TRINKINO VERNE A	
STREET ADDRESS	2951 SE FAIRWAY WEST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	☐
NAME	WALTER PALMER	
STREET ADDRESS	4033 SE FAIRWAY EAST	
CITY-ST-ZIP	STUART FL 34997	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	Change	Addition
NAME	CURRAN ANN MARIE	☒	☐
STREET ADDRESS	4114 SE FAIRWAY EAST		
CITY-ST-ZIP	STUART FL 34997		
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	☒	☐
NAME	COPELAND ERIC AJR.		
STREET ADDRESS	3422 SE FAIRWAY WEST		
CITY-ST-ZIP	STUART FL 34997		
TITLE	VD	☒	☐
NAME	MCNEIL JAMES M		
STREET ADDRESS	3231 SE COURT DRIVE		
CITY-ST-ZIP	STUART FL 34997		
TITLE		☐	☐
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **ANN-MARIE CURRAN** SD **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)