2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# 721768

Entity Name: Y C C S PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3883 S E FAIRWAY EAST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3883 S E FAIRWAY EAST
STUART, FL 34997

New Mailing Address:

FEI Number: 59-1426270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NOVAK, DAVID
3883 SE FAIRWAY EAST
STUART, FL 34997 US

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: DAVID NOVAK 04/25/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALTER, PALMER
Address: 4033 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: VD ( ) Delete
Name: MCNEIL, JAMES M
Address: 3231 SE COURT DRIVE
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: COPELAND, ERIC A JR.
Address: 3422 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: CURRAN, ANN MARIE
Address: 4114 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DIRIENZO, MARIO J
Address: 3182 SE FAIRWAY WEST
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: FITZGERALD, MICHAEL J
Address: 4053 SE FAIRWAY EAST
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER PALMER PD 04/25/2002
Electronic Signature of Signing Officer or Director Date