2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721768

City-St-Zip:

STUART, FL 34997

Apr 28, 2005 Secretary of State

Entity Name: Y.C.C.S. PROPERTY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3883 S E FAIRWAY EAST STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 3883 S E FAIRWAY EAST STUART, FL 34997 FEI Number: 59-1426270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOVAK, DAVID 3883 SÉ FAIRWAY EAST STUART, FL 34997 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STRACUZZI, CHARLES Name: Name: 3201 SE COURT DRIVE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: TD Title: VD (X) Change () Addition () Delete MAININI, LEO K Name: SMITH, RAYMOND K Name: Address: 4011 SE FAIRWAY WEST Address: 3291 SE FAIRWAY WEST City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: Title: SD (X) Change () Addition () Delete FORD, RAE PLASKET, ELIZABETH Name: Name: 3342 SE FAIRWAY WEST Address: 4001 SE FAIRWAY WEST Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: VD () Delete Title: TD (X) Change () Addition Name: SHEPERD, JACK Name: MARTENSON, JOHN 2861 SE FAIRWAY WEST Address: Address: 3224 SE FAIRWAY EAST

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.

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SIGNATURE: CHARLES STRACUZZI PD 04/28/2005