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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:54

DOCUMENT # **758675** **(3)**

1. Corporation Name

YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1501 DECKER AVE STE 112 STUART FL 34994 US	1501 DECKER AVE STE 112 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1981**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2115724** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORNETT, JANE
401 E OSCEOLA ST
STUART FL 34994

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAPOLT, CHARLES	12 NAME	
STREET ADDRESS	6726 SE YORKTOWN DR	13 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	LATHAM, JOHN	22 NAME	
STREET ADDRESS	6744 SE YORKTOWN DR	23 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CURSON, ALBERT	32 NAME	
STREET ADDRESS	6607 SE YORKTOWN DR	33 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, PEGGY	42 NAME	
STREET ADDRESS	6636 SE YORKTOWN DR	43 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LAPOLT, ROBERT	52 NAME	
STREET ADDRESS	6654 SE YORKTOWN DR	53 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RICCA, FRANK	62 NAME	
STREET ADDRESS	6737 SE YORKTOWN DR	63 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charles J La Polt 3-22-95 (407) 546-8783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles LA Polt

0020065