

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 06/08/1981
3a. Date of Last Report 03/27/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2115724	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE 401 E OSCEOLA ST STUART FL 34994				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LAPOLT, CHARLES		1.2 NAME	MCELROY, WILLIAM			
STREET ADDRESS	6726 SE YORKTOWN DR		1.3 STREET ADDRESS	6727 SE YORKTOWN DR			
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LATHAM, JOHN		2.2 NAME	LATHAM, JOHN			
STREET ADDRESS	6744 SE YORKTOWN DR		2.3 STREET ADDRESS	6744 SE YORKTOWN DR.			
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CURSON, ALBERT		3.2 NAME				
STREET ADDRESS	6607 SE YORKTOWN DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WRIGHT, PEGGY		4.2 NAME				
STREET ADDRESS	6636 SE YORKTOWN DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LAPOLT, ROBERT		5.2 NAME	LARSON, LARRY			
STREET ADDRESS	6654 SE YORKTOWN DR		5.3 STREET ADDRESS	6687 SE YORKTOWN DR			
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RICCA, FRANK		6.2 NAME	BEDNAR, ROBERT			
STREET ADDRESS	6737 SE YORKTOWN DR		6.3 STREET ADDRESS	6797 SE YORKTOWN DR			
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455			

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)(k), 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: *Albert Curson, Treas* Date: *4/11/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4305 m Daytime Phone #

CR2E037 (12/95)