


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 758675 (3)**

1. Corporation Name  
**YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1501 DECKER AVE STE 112 STUART FL 34994 US</b>	Mailing Address <b>1501 DECKER AVE STE 112 STUART FL 34994-3964 US</b>
--	---

3. Date Incorporated or Qualified <b>06/08/1981</b>	3a. Date of Last Report <b>04/16/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

4. FEI Number <b>59-2115724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
85 Zip Code	

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

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCELROY, WILLIAM</b>	
STREET ADDRESS	<b>6727 SW YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LATHAM, JOHN</b>	
STREET ADDRESS	<b>6744 SE YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CURSON, ALBERT</b>	
STREET ADDRESS	<b>6807 SE YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, PEGGY</b>	
STREET ADDRESS	<b>6836 SE YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LARSON, LARRY</b>	
STREET ADDRESS	<b>6887 SE YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICCA, FRANK</b>	
STREET ADDRESS	<b>6737 SE YORKTOWN DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICCA, FRANK</b>	
1.3 STREET ADDRESS	<b>6737 SE YORKTOWN DR</b>	
1.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LARSON, LARRY</b>	
2.3 STREET ADDRESS	<b>6687 SE YORKTOWN DR</b>	
2.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WRIGHT, PEGGY</b>	
3.3 STREET ADDRESS	<b>6636 SE YORKTOWN DR</b>	
3.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CURSON, ALBERT</b>	
4.3 STREET ADDRESS	<b>6607 SE YORKTOWN DR</b>	
4.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DIORIO, RICHARD</b>	
5.3 STREET ADDRESS	<b>6774 SE YORKTOWN DR</b>	
5.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ARTHUR LARSON</b>	
6.3 STREET ADDRESS	<b>6657 YORKTOWN DR</b>	
6.4 CITY-ST-ZIP	<b>HOBE SOUND, FL</b>	

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICCA, FRANK** Date **4/8/97** Daytime Phone # **561-576-1026**

CR2E037 (9/96)