

FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90008 004 ****61.25

0075518

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758675

1. Corporation Name

YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

7801 SW LOST RIVER ROAD
STUART FL 34997
US

Mailing Address

PO BOX 3385
STUART FL 34995

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00
* 4 6 8 7 4 1 *



2. Principal Place of Business

21 **611 So. Federal Hwy**

Suite, Apt. #, etc.

22

City & State

23 **Stuart, Florida**

Zip Country

24 **34994** 25 **Martin**

2a. Mailing Address

26 **P.O. Box 8402**

Suite, Apt. #, etc.

27

City & State

28 **Hobe Sound, Florida**

Zip Country

29 **33475** 30 **Martin**

3. Date Incorporated or Qualified

06/08/1981

4. FEI Number

59-2115724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
LARSON, AUTHUR**
STREET ADDRESS **6657 YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE

NAME **VP/D
BEDNAR, BOB, RICHARD**
STREET ADDRESS **6797 SE YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE

NAME **T/D
CURSON, ALBERT**
STREET ADDRESS **6607 SE YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ DELETE

NAME **S/D
WRIGHT, PEGGY**
STREET ADDRESS **6636 SE YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE

NAME **P/D
LARSON, LARRY**
STREET ADDRESS **6687 SE YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☒ DELETE

NAME **P
RICCA, FRANK**
STREET ADDRESS **6737 SE YORKTOWN DR**
CITY-ST-ZIP **HOBE SOUND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
Streader, Virginia
6666 SE Yorktown Drive
Hobe Sound, FL 33455**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Larry Larson 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)