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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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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

468741 - 90008 - 4



2. Principal Place of Business

21 611 So. Federal Hwy

Suite, Apt. #, etc.

22

23 City & State  
Stuart, Florida

24 Zip 34994

25 Country Martin

2a. Mailing Address

26 P.O. Box 8402

Suite, Apt. #, etc.

27

28 City & State  
Hobe Sound, Florida

29 Zip 33475

30 Country 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

D LARSON, AUTHUR  
6657 YORKTOWN DR  
HOBE SOUND FL

TITLE  DELETE

VP/D BEDNAR, BOB, RICHARD  
6797 SE YORKTOWN DR  
HOBE SOUND FL

TITLE  DELETE

T/D CURSON, ALBERT  
6607 SE YORKTOWN DR  
HOBE SOUND FL 33455

TITLE  DELETE

S/D WRIGHT, PEGGY  
6636 SE YORKTOWN DR  
HOBE SOUND FL

TITLE  DELETE

P/D LARSON, LARRY  
6687 SE YORKTOWN DR  
HOBE SOUND FL

TITLE  DELETE

P RICCA, FRANK  
6737 SE YORKTOWN DR  
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)