

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758675

1. Entity Name

YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

611 SO. FEDERAL HIGHWAY  
STUART FL 34994  
US

Mailing Address

P.O. BOX 8402  
HOBE SOUND FL 33475  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2115724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE  
401 E OSCEOLA ST  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

D LARSON, AUTHUR  
6657 YORKTOWN DR  
HOBE SOUND FL

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

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

TITLE NAME ☐ Delete

D STREADER, VIRGINIA  
6666 SE YORKTOWN DRIVE  
HOBE SOUND FL 33455

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE:

*Larry Larson* Larry Larson, Pres.

4/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90096 018 \*\*\*\*\*61.25

CUU52017



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)