


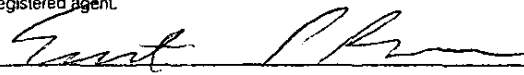
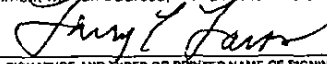
112

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/10/2004-90031-009-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 27 PM 5:17

DOCUMENT # 758675 1. Entity Name YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.				 MOORE CR2E037 (11/03)	
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		 MOORE CR2E037 (11/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2115724	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<del>CORNETT, JANE</del> <del>401 E OSCEOLA ST</del> <del>STUART FL 34994</del> Royal Palm Plaza Suite 212 759 S. Fed. Hwy Stuart, FL 34994				7. Name and Address of New Registered Agent	
				Name Baran Elizabeth	
				Street Address (P.O. Box Number is Not Acceptable) Suite 212	
				739 S. Federal Hwy	
				City Stuart	
				FL Zip Code 34994	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 2/25/04	
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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, AUTHUR		NAME	Graham, Elaine	
STREET ADDRESS	6657 YORKTOWN DR		STREET ADDRESS	6799 SE Yorktown Dr	
CITY-ST-ZIP	HOBE SOUND FL		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, AUDREY		NAME		
STREET ADDRESS	6737 SE YORKTOWN DR.		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOELNER, HERB		NAME	Luc2 Kauski, Edward	
STREET ADDRESS	6679 SE YORKTOWN DR.		STREET ADDRESS	6689 SE Yorktown Drive	
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PEGGY		NAME		
STREET ADDRESS	6636 SE YORKTOWN DR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, LARRY		NAME		
STREET ADDRESS	6687 SE YORKTOWN DR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREADER, VIRGINIA		NAME		
STREET ADDRESS	6666 SE YORKTOWN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		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 like empowered.					
SIGNATURE: 			Date: 1/28/04 (772) 345-9390		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

11/100

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ROSS EARLE & BONAN, P.A.

ATTORNEYS AT LAW  
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FAX (772) 287-8045

DEBORAH L. ROSS  
DAVID B. EARLE  
ELIZABETH P. BONAN

October 26, 2004

Division of Corporations  
ATTN: Annual Report Division  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Yorktown Property Owners Association, Inc.

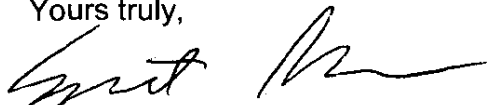
Dear Sir:

Enclosed please find a copy of the 2004 Not-for-Profit Corporation Annual Report that was sent to your office on February 25, 2004 for the above-referenced corporation. I did not receive any further correspondence from your office after this date, and the check in amount of \$61.25 was cashed by your office. However, the corporation has now received a Notice of Dissolution or Revocation.

I would like to request that you re-instate the corporation and waive the fees associated with same since the Annual Report was filed on time and the corresponding check was cashed.

If you have any questions, please do not hesitate to contact me. Thank you in advance for your assistance in this process.

Yours truly,



Elizabeth P. Bonan, Esq.  
EPB/kmk  
Enclosure  
cc: Diane Elgrim, Manager