## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758675** 

FILED Jan 06, 2005 Secretary of State

Entity Name: YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 611 SO. FEDERAL HIGHWAY 2910 S.E. CATES CIRCLE STUART, FL 34994 PORT ST. LUCIE, FL 34952 US **Current Mailing Address: New Mailing Address:** P.O. BOX 8402 HOBE SOUND, FL 33475 US FEI Number: 59-2115724 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARAN, ELIZABETH BONAN, ELIZABETH 759 S. FEDERAL HWY 759 S. FEDERAL HWY STUART, FL 34994 STUART, FL 34994 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: ELIZABETH BONAN 01/06/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAHAM, ELAINE Name: Name: 6799 SE YORKTOWN DR. Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GIBBS, AUDREY Name: Name: Address: 6737 SE YORKTOWN DR. Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: () Change () Addition SOELLNER, HERB Name: Name: 6679 SE YORKTOWN DR. Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: (X) Change ( ) Addition Title: S/D ( ) Delete Title: S/D WRIGHT, PEGGY Name: Name: WEBB, HERBERT 6636 SE YORKTOWN DR Address: Address: 6786 SE YORKTOWN DR City-St-Zip: HOBE SOUND, FL City-St-Zip: HOBE SOUND, FL Title: P/D () Delete Title: () Change () Addition LARSON, LARRY Name: Name: 6687 SE YORKTOWN DR Address: Address: City-St-Zip: HOBE SOUND, FL City-St-Zip: Title: () Delete Title: () Change () Addition STREADER, VIRGINIA Name: Name: Address: 6666 SE YORKTOWN DRIVE Address: HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LARSON P/D 01/06/2005