

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758675

FILED
Apr 10, 2007
Secretary of State

Entity Name: YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2910 S.E. CATES CIRCLE
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8402
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 59-2115724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAN, ELIZABETH
759 S. FEDERAL HWY
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, ELAINE
Address: 6799 SE YORKTOWN DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: GIBBS, AUDREY
Address: 6737 SE YORKTOWN DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: SOELLNER, HERB
Address: 6679 SE YORKTOWN DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: WEBB, HERBERT
Address: 6786 SE YORKTOWN DR
City-St-Zip: HOBE SOUND, FL

Title: P () Delete
Name: LARSON, LARRY
Address: 6687 SE YORKTOWN DR
City-St-Zip: HOBE SOUND, FL

Title: VP () Delete
Name: STREADER, VIRGINIA
Address: 6666 SE YORKTOWN DRIVE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGNANTI, LOU
Address: 6754 SE YORKTOWN DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AUDREY GIBBS

TR

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date