

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765687** (9)

1. Corporation Name

THE GREATER YONTZ ROAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**11011 JOYCE DR. ROE
BROOKSVILLE FL 34601**

Mailing Address

**11011 JOYCE DR. ROE
BROOKSVILLE FL 34601**



3. Date Incorporated or Qualified
11/08/1982

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **20485 YONTZ ROAD**

26 **20485 YONTZ ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BROOKSVILLE, FL.**

28 **BROOKSVILLE, FL.**

Zip

Country

Zip

Country

24 **34601**

25 **HERNANDO**

29 **34601**

30 **HERNANDO**

4. FEI Number
59-2075883

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONSTANTIN, ANTON
11011 JOYCE DR., R.O.E.
BROOKSVILLE FL 34601**

81 Name **ROGER A. LANDERS**
82 Street Address (P.O. Box Number is Not Acceptable)
20485 YONTZ ROAD
83
84 City **BROOKSVILLE** FL 85 Zip Code **34601**

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 **(ROGER A. LANDERS - V.P. DIR.)**
Signature, typed or printed name of registered agent and title if applicable

Roger A. Landers
(NOTE: Registered Agent Signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HAINES, ROBERT K.**
STREET ADDRESS **11076 CINDY DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILL, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LANDERS, ROGER A.**
STREET ADDRESS **20485 YONTZ ROAD**
CITY-ST-ZIP **BROOKSVILL, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **HAINES, RUTH**
STREET ADDRESS **11076 CINDY DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILL, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **CONSTANTIN, DOROTHY L.**
STREET ADDRESS **11011 JOYCE DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILL, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **CONSTANTIN, ANTON**
STREET ADDRESS **11011 JOYCE DR., R.O.E.**
CITY-ST-ZIP **BROOKSVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE **(ANTON CONSTANTIN - TREAS. - DIR.)** *Anton Constantin* **4/30/96** **(352) 796-0520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)