			1	
	FILE NOW: FILIN	IG FEE IS \$61.25	5	FILED
	NPROFIT PORATION	<b>(4</b> )	RTMENT OF STATE	May 09 1997 8:00a
	JAL REPORT	26)	<ol> <li>Mortham</li> <li>ry of State</li> </ol>	Secretary of State
•	1997	DIVISION OF	CORPORATIONS	
DOCUN 1. Corporation	MENT # 765687	· (9)		
THE GREATER YONTZ ROAD PROPERTY OWNERS ASSOCIATI ON, INC.				
Principal Place	e of Business	Mailing Address		
20485 YONTZ ROAD         20485 YONTZ ROAD           BROOKSVILLE FL 34601         BROOKSVILLE FL 34601-1668           US         US				
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For 59-2075883 Not Applicable
Suite, Apt. (	#, etc.	Suite, Apt #, etc.	······································	5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required
City & State	)	27 City & State	······	6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution         Added to Fees           8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Current (	29 Begletorod Agont	30	Florida Statutes Yes Yoo 10. Name and Address of New Registered Agent
11. Pursuant t office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons of, Section 617.0503, Fi	83 84 City es, the above-named o authorized by the corp orida Statutes.	FL B5 Zip Code corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
12	Signature, typed or printed name of registered agent. OFFICERS AND		E: Registered Agent signature r 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE		D Change Addition
NAME STREET ADDRESS	HAINES, ROBERT K. 11076 CINDY DR. R.O.E.		1.2 NAME 1.8 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILL, FL 00000	DELETE	1.4 CITY-ST-ZIP	
title Name	VD LANDERS, ROGER A.		2.1 TITLE 2.2 NAME	0/T Change Addition
STREET ADDRESS	20485 YONTZ ROAD BROOKSVILL, FL 00000		2.8 STREET ADDRESS	
CITY-ST-ZIP TITLE	S	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	D Addition
NAME STREET ADDRESS	HAINES, RUTH 11076 CINDY DR. R.O.E.		3.2 NAME	,
CITY-ST-ZIP	BROOKSVILL, FL 00000		3.\$ STREET ADDRESS 3.4. CITY- ST-ZIP	
TITLE	S CONSTANTIN DODOTUV I	DELETE		D Change 🗌 Addition
NAME STREET ADDRESS	CONSTANTIN, DOROTHY L. 11011 JOYCE DR. R.O.E.		4.2 NAME 4.8 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILL, FL 00000		4.4 CITY-ST-ZIP	
TITLE NAME	TD Constantin, anton	DELETE	5.1 TITLE 5.2 NAME	D Change 🗆 Addition
STREET ADDRESS	11011 JOYCE DR.,R.O.E.		5.3 STREET ADDRESS	
CITY-ST_ZIP TITLE	BROOKSVILLE FL		5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.8 STREET ADDRESS	
CITY-ST-ZIP	v certify that the information supplied	with this filing does not quali	6.1 CITY-ST-ZIP	ated in Section 119 07(3)(i) Florida Statutos I further continutation
information I am an of appears in	indicated on this annual report or sur ficer or director of the corporation or the n Block 12 or Block 13 if changed, or o	permental annual report is the receiver or trustee empower or trustee empower an antachment with an add	vered to execute this re dress.	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that port as required by Chapter 617, Florida Statutes; and that my name