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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765687** (9)

1. Corporation Name

**THE GREATER YONTZ ROAD PROPERTY OWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**20485 YONTZ ROAD
BROOKSVILLE FL 34801
US**

**20485 YONTZ ROAD
BROOKSVILLE FL 34801
US**

3. Date Incorporated or Qualified

11/08/1982

4. FEI Number

59-2075883

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGER A. LANDERS
20485 YONTZ ROAD
BROOKSVILLE FL 34801**

81 Name

Roger R. Landers

82

Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HAINES, ROBERT K.**
STREET ADDRESS **11076 CINDY DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILLE, FL 00000**

TITLE **DT** ☐ DELETE

NAME **LANDERS, ROGER A.**
STREET ADDRESS **20485 YONTZ ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 00000**

TITLE **D** ☐ DELETE

NAME **HAINES, RUTH**
STREET ADDRESS **11076 CINDY DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILLE, FL 00000**

TITLE **D** ☐ DELETE

NAME **CONSTANTIN, DOROTHY L.**
STREET ADDRESS **11011 JOYCE DR. R.O.E.**
CITY-ST-ZIP **BROOKSVILLE, FL 00000**

TITLE **D** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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:

Roger R. Landers

Roger R. Landers

5/26/98

CR2E037 (10/97)