

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 017 ****61.25

DOCUMENT # N00000003003

1. Entity Name
YORKSHIRE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**STERLING MANAGEMENT
1701-B RICKENBACKER DR
SUN CITY CENTER, FL 33573**

Mailing Address
**STERLING MANAGEMENT
1701-B RICKENBACKER DR
SUN CITY CENTER, FL 33573**

40064684



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02022007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3650978

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFF. J. R. DE FURIO, P.A.
201 EAST KENNEDY BLVD, ST 1460
TAMPA, FL 33602**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Delete
NAME **CARHART, LYNN**
STREET ADDRESS **2115 WORTHINGTON GREENS DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **PD** ☒ Change ☐ Addition
NAME **CARHART, LYNN**
STREET ADDRESS **2115 WORTHINGTON GREENS**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **VPTD** ☒ Delete
NAME **HARMON, JAMES**
STREET ADDRESS **2104 WORTHINGTON GREENS DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **VPD** ☒ Change ☐ Addition
NAME **BARNES, MARIANNE JAHN**
STREET ADDRESS **2114 WORTHINGTON GREENS**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** ☒ Delete
NAME **JAHN-BARNES, MARIANNE**
STREET ADDRESS **2114 WORTHINGTON GREENS DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **STD** ☐ Change ☒ Addition
NAME **KING, DIANE**
STREET ADDRESS **2114 WORTHINGTON GREENS**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **NICHOLS, PEG**
STREET ADDRESS **2125 WORTHINGTON GREENS**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SCOTT, CAROL**
STREET ADDRESS **2118 WORTHINGTON GREENS**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn F. Carhart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4.7.07

Date

633-7390

Daytime Phone #