


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 044 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite Sterling Management 1904 Clubhouse Drive City Sun City Center, FL 33573 Zip		f, etc. 01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3650978		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFF. J. R. DE FURIO, P.A. 201 EAST KENNEDY BLVD, ST 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME CARHART, LYNN STREET ADDRESS 2115 WORTHINGTON GREENS DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE SD KING, DIANE NAME STREET ADDRESS 2116 Worthington Greens Dr CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME BARNES, MARIANNE J STREET ADDRESS 2114 WORTHINGTON GREENS CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE TD DECOURCY, ARTHUR NAME STREET ADDRESS 2126 Worthington Greens Dr CITY-ST-ZIP Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME KING, DIANE STREET ADDRESS 2116 WORTHINGTON GREENS CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE D NAME NICHOLS, PEG STREET ADDRESS 2125 WORTHINGTON GREENS CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete
TITLE D NAME SCOTT, CAROL STREET ADDRESS 2118 WORTHINGTON GREENS CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Arthur De Courcy</u> TRES.		Date <u>3/14/08</u> Daytime Phone # <u>644-0137</u>	