

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N06000010023

1. Entity Name
YOST RETIREMENT PARK HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
1112 WEST SHELL POINT ROAD LOT 510 304
RUSKIN, FL 33570

Mailing Address
1112 WEST SHELL POINT ROAD LOT 510 217
RUSKIN, FL 33570

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABENDSCHEIN, HEDY L
1112 WEST SHELL POINT ROAD LOT 510 217
RUSKIN, FL 33570

Name SAME

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P = LARRY Himmel <input type="checkbox"/> Change <input type="checkbox"/> Addition 96 BLACK River Rd. Croswell, MI 48422 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V = Ronald ULMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2674 S. CANAL Rd. EATON RAPIDS, MI 48827 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T = MARY WHITNEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2816 REDSTONE Rd. BRECKENRIDGE, MI 48615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S = KATHLEEN FOWLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1112 WEST SHELL PT. Rd. LOT 319 RUSKIN, FL 33570 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D = SUSAN VINCENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7200 TOWNSEND Rd. APPLEGATE, MI 48401 |
| 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: Larry J. Ummel Harry Himmel 2/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 645 7011

**FILED
Feb 14, 2007 8:00 am
Secretary of State**

02-14-2007 90051 038 ****70.00