


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

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22085</b> 1. Entity Name <b>YORK HILL PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O BOX 770112 OCALA, FL 34477-0112 US</b>	Mailing Address <b>P.O BOX 770112 OCALA, FL 34477-0112 US</b>
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2878807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MCKEE, ADRIANNE T 885 SW 89 TERRACE OCALA, FL 34481</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLAPELLE, ANNA 8805 SW 9TH ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD MARKOVICH, KATHY 8962 SW 8TH STREET OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKEE, ADRIANNE 885 SW 89 TERRACE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMNEY, TERRY 8940 SW 8TH ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPMPBELL, RICK 8927 SW 8TH ST OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, LAUREL 780 SW 89TH TERR OCALA, FL 34481

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03/23/07-80071-008 61.25

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: Adrianne T. McKee **ADRIANNE T. MCKEE, TREASURER** 03/13/07 (352) 854-5081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #