2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90015 001 ****61.25

DOCUMENT # N22085

1. Entity Name
YORK HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O BOX 770112 OCALA, FL 34477-0112 US	P.O BOX 770112 OCALA, FL 34477-0112 US

02092008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-2878807 ☐ Applied For ☐ Not Applicable

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
MCKEE, ADRIANNE T 885 SW 89 TERRACE OCALA, FL 34481	Name PIERAZEK DAVID TREASURER Street Address (P.O. Box Number is Not Acceptable) 860 SW 89TH TERRACE City OCALA FL Zip Code 34481

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 D. P-L DAVID PIERAZEK FEB 18.2008
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, 2008

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	SD COLAPELLE, ANNA 8805 SW 9TH ST OCALA, FL 34481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CVPD~~ CPP AVERY BINKLEY 8933 SW 8TH STREET OCALA, FL 34481	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVPD MARKOVICH, KATHY 8962 SW 8TH STREET OCALA, FL 34481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIERAZEK DAVID 860 SW 89TH TERRACE OCALA, FL 34481	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCKEE, ADRIANNE 885 SW 89 TERRACE OCALA, FL 34481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEE JACK 885 SW 89 TERRACE OCALA FL 34481	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIMNEY, TERRY 8940 SW 8TH ST OCALA, FL 34481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPMPBELL, RICK 8927 SW 8TH ST OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL RICK 8927 SW 8TH STREET OCALA, FL 34481	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGH, LAUREL 780 SW 89TH TERR OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOB WAGNER 700 SW 89TH TERRACE OCALA FL 34481	☐ Change ☑ 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: D. P-L DAVID PIERAZEK - TREASURER 2/18/08 407-947-3229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #