2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N22085

Entity Name: YORK HILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O BOX 770112
OCALA, FL 344770112 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 770112
OCALA, FL 344770112 US

New Mailing Address:

FEI Number: 59-2878807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERAZEK, DAVID
860 SW 89TH TERRACE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: BRINKLEY, AVERY
Address: 8933 SW 8TH STREET
City-St-Zip: OCALA, FL 34481

Title: TD ( ) Delete
Name: PIERAZEK, DAVID
Address: 860 SW 89TH TERRACE
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: MCKEE, JACK
Address: 885 SW 89 TERRACE
City-St-Zip: OCALA, FL 34481

Title: VD ( ) Delete
Name: WAGNER, BOB
Address: 700 SW 89TH TERRACE
City-St-Zip: OCALA, FL 34481

Title: SD ( ) Delete
Name: CAMPBELL, RICK
Address: 8927 SW 8TH STREET
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: SINGH, LAUREL
Address: 780 SW 89TH TERR
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TIMNEY, TERRY
Address: 8940 SW 8TH STREET
City-St-Zip: OCALA, FL 34481

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PIERAZEK TD 03/15/2009
Electronic Signature of Signing Officer or Director — Date