


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N41533
1. Entity Name
YPO FORTY-NINERS OF FLORIDA, INC.



Principal Place of Business 8891 BRIGHTON LANE 126 BONITA SPRINGS, FL 34135 US	Mailing Address C/O MONA HALLORAN 8891 BRIGHTON LANE #126 BONITA SPRINGS, FL 34135 US
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3109865	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
WHITCOMB, STANLEY P JR
8891 BRIGHTON LANE
SUITE 126
BONITA SPRINGS, FL 34135

**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, 2005**

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	VPD ROGERS, ARNOLD S ONE INDEPENDENT DRIVE, SUITE 3130 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POTAMKIN, ALAN H 1 CASUARINA CONCOURSE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WHITCOMB, STANLEY P JR 5133 CASTELLO DR. - #1 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, ROBERT H 501 N GRANDVIEW AVE DAYTONA BEACH, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDERSON, LOY 125 WORTH AVE. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KISLAK, JONATHAN 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016

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01/10/05-80078-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Caytime Phone # _____