

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005265

FILED
Mar 12, 2005
Secretary of State

Entity Name: YEARLING TRACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2116 TRAIL CUT RD.
POLK CITY, FL 33868 US

New Principal Place of Business:

Current Mailing Address:

2116 TRAIL CUT RD.
POLK CITY, FL 33868 US

New Mailing Address:

FEI Number: 27-0073358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHAM, MARY A
7094 TALL PINE RD.
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

ROBINSON, GERALD D MR
2116 TRAIL CUT RD.
POLK CITY, FL 33868 US

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: GERALD D. ROBINSON

03/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURCHAM, MARY A MRS.
Address: 7094 TALL PINE RD
City-St-Zip: POLK CITY, FL 33868

Title: SD () Delete
Name: BITTENGLE, PAUL W MR.
Address: 8538 DOUBLE ROCK RD
City-St-Zip: POLK CITY, FL 33868

Title: VD () Delete
Name: ROBINSON, GERALD D MR.
Address: 2116 TRAIL CUT RD
City-St-Zip: POLK CITY, FL 33868

Title: TD () Delete
Name: CHRISTMAS, JOANN F MS.
Address: 11975 BACKLAND PATH RD
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: DAWSON, MICHAEL W MR.
Address: 6942 OAK BEND RD.
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBINSON, GERALD D MR
Address: 2116 TRAIL CUT RD.
City-St-Zip: POLK CITY, FL 33868

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

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

Title: TD (X) Change () Addition
Name: CHRISTMAS, JO-ANN F MRS
Address: P.O. BOX 1525
City-St-Zip: POLK CITY, FL 33868

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: JO-ANN F. CHRISTMAS

TD

03/12/2005

Electronic Signature of Signing Officer or Director

Date