


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000000848 (9)**

1. Corporation Name

YESTERYEAR ANTIQUE POWER ASSOCIATION, INC.



| | | | | | |
|--|----------------------|---|----------------------|---|--|
| Principal Place of Business 16646 79TH CT N LOXAHATCHEE FL 33470 US | | Mailing Address 16646 79TH CT N LOXAHATCHEE FL 33470 US | | 3. Date Incorporated or Qualified 02/19/1996 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 4. FEI Number 65-0679203 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent RYAN, JAMES D 712 US HWY ONE SUITE 400 NORTH PALM BEACH FL 33408 | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAND, KAY | 1.2 NAME | N/A |
| STREET ADDRESS | 747 ILENE ROAD W | 1.3 STREET ADDRESS | Johnny Perez |
| CITY-ST-ZIP | WEST PALM BEACH FL 33415 | 1.4 CITY-ST-ZIP | P.O. Box 101 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, TIM | 2.2 NAME | |
| STREET ADDRESS | 959 HYDE PARK RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOXAHATCHEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REILLY, TERRI L | 3.2 NAME | |
| STREET ADDRESS | 16646 79TH CT N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOXAHATCHEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAGNER, GAY | 4.2 NAME | |
| STREET ADDRESS | 4279 LEO LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGEL, BOB | 5.2 NAME | |
| STREET ADDRESS | 8171 112 TERRACE N | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PROUDFOOT, ALAN | 6.2 NAME | |
| STREET ADDRESS | 144 GULLS NEST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terri L. Reilly*

2-4-98

CP2E037 (10/97)