

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002537

FILED
Apr 15, 2005
Secretary of State

Entity Name: YORKSHIRE HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

7902 MARGATE WAY
LAKELAND, FL 33809 US

New Principal Place of Business:

7970 DARLINGTON CIRCLE
LAKELAND, FL 33809 US

Current Mailing Address:

5337 N SOCRUM LOOP RD
#142
LAKELAND, FL 33809 US

New Mailing Address:

FEI Number: 59-3433700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TULOWIECKI, LAURA
7909 MARGATE WAY
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

SPERRY, BRUCE J
1003 S ALEXANDER STREET SUTIE 1
PLANT CITY, FL 33563 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: BRUCE J SPERRY

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, HYDRICK
Address: 7902 MARGATE WAY
City-St-Zip: LAKELAND, FL 33809

Title: VPD () Delete
Name: CLOYD, CHARLES
Address: 7910 DARUNTON CIR.
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: TULOWIECKI, LAURA
Address: 7909 MARGATE WAY
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: BELL, TOM
Address: 7971 DARLINGTON CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: ROBERTSON, KEN
Address: 8067 DARLINGTON CIRCLE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACKBURN, TIMOTHY W
Address: 7970 DARLINGTON CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: VPD (X) Change () Addition
Name: BELL, TOM
Address: 7971 MARGATE WAY
City-St-Zip: LAKELAND, FL 33809

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

Title: T (X) Change () Addition
Name: BLACKBURN, KELLEY L
Address: 7970 DARLINGTON CIRCLE
City-St-Zip: LAKELAND, FL 33809

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: TIMOTHY W BLACKBURN

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date