

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002537

FILED  
Jan 19, 2006  
Secretary of State

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

**Current Principal Place of Business:**

7970 DARLINGTON CIRCLE  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**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:**

SPERRY, BRUCE J  
1003 S ALEXANDER STREET SUTIE 1  
PLANT CITY, FL 33563 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: PD ( ) Delete  
Name: BLACKBURN, TIMOTHY W  
Address: 7970 DARLINGTON CIRCLE  
City-St-Zip: LAKELAND, FL 33809

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

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

Title: T ( ) Delete  
Name: BLACKBURN, KELLEY L  
Address: 7970 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 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: TIMOTHY W BLACKBURN

PD

01/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date