

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000002537						FILED 06 JUN 15 PM 4:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name YORKSHIRE HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.				Principal Place of Business 7970 DARLINGTON CIRCLE LAKELAND, FL 33809 US					
Mailing Address 5337 N SOCRUM LOOP RD #142 LAKELAND, FL 33809 US									
2. Principal Place of Business 1630 Yorkshire Trail		3. Mailing Address						Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State						06072006 Chg-NP CR2E037 (4/06)	
Zip 33809		Country		4. FEI Number 59-3433700		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SPERRY, BRUCE J 1003 S ALEXANDER STREET SUITE 1 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent Name: RUSSELLE E. KLEMM, ESQ. Street Address (P.O. Box Number is Not Acceptable): c/o CLAYTON & McCULLOCH 1065 MAITLAND CENTER COMMONS BLVD. City: MAITLAND FL Zip Code: 32751					
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: <u>Russell E. Klemm, Esq.</u> <u>RUSSELL E. KLEMM</u> <u>6/09/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD NAME BLACKBURN, TIMOTHY W STREET ADDRESS 7970 DARLINGTON CIRCLE CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			TITLE P/D Bradley, Elliot NAME 1630 Yorkshire Trail STREET ADDRESS Lakeland, FL 33809 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VPD NAME BELL, TOM STREET ADDRESS 7971 MARGATE WAY CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			TITLE VP/D NAME Bell, Tom STREET ADDRESS 7971 Darlington Circle CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE S NAME TULOWIECKI, LAURA STREET ADDRESS 7909 MARGATE WAY CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			TITLE S NAME Bare, Kelly STREET ADDRESS 7917 Margate Way CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME BLACKBURN, KELLEY L STREET ADDRESS 7970 DARLINGTON CIRCLE CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			TITLE T NAME Peeke, Christopher STREET ADDRESS 1606 Yorkshire Trail CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME ROBERTSON, KEN STREET ADDRESS 8067 DARLINGTON CIRCLE CITY-ST-ZIP LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete			TITLE D NAME Whittle, William A STREET ADDRESS 1637 Yorkshire Trail CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Thomas M. Bell</u> <u>Thomas M. Bell</u> <u>6/7/06</u> <u>863-853-2873</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				200076398242 06/20/06--01072--001 **61.25					