FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham *

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N97000002919 (5)

FILED Aug 26 1998 8:00am Secretary of State

YORK HAVEN SUBDIVISION HOMEOWNERS ASSOCIATION, I NC. Principal Place of Business Mailing Address							
565 AVE. K. S.E. 565 AVE. K. S.E. WINTER HAVEN FL 33880 WINTER HAVEN FL 33			ю			3. Date Incorporated or Qualified 05/19/1997	
						4, FEI Number Applied For Not Applicable	
2. Principal Place of Business 2a. Mailing Address 21 26			-			5. Certificate of Status Desired Security \$8.75 Additional Fee Regulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 27 City & State City & State						Trust Fund Contribution	
23 28 Chy & State						7. Is this nonprofit corporation a homeowners association?	
Zip			Count	try		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	it Registered Agent			Mana	10. Name and Address of New Registered Agent	
5.1.55	A=====================================		*	31	Name	_	
BAKER, STEPHEN F 585 AVE. K, S.E.			6	2	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	R HAVEN FL 33880		8	13			
			8	14	City	85 Zip Code	
					•	FL `	
11. Pursuant office or	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida. Such change was a	es, the abc authorized	by th	named corp he corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	em familiar with, and accept the obliga	ations of, Section 617.0503, Fk	orida Statut	tes.		• • • • • • •	
SIGNATURE	Signature, typed or printed name of registered age	of and title if applicable. (NOT	E: Registered A	Anent	signature requir	red when reinstating) DATE	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 Tife!	E		Change Addition	
NAME	Bradshaw, Frank B III		1.2 NAM	1.2 NAME			
STREET ADDRESS	3642 PEACHTREE RD., N.E.		1.3 STAE	1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30319		1.4 CITY	1.4 CITY - ST - ZIP			
TITLE	DVT	DELETE		2.1 TITLE		☐ Change ☐ Addition ☐	
NAME	B RADSHAW, ROBERT W			2.2 NAME		$\mu = \gamma$	
STREET ADDRESS	3642 PEACHTREE RD., N.E.		2.3 STREE				
C(TY-ST-ZIP	ATLANTA GA 30319	DELETE	_	2.4 CITY-ST-		☐ Change ☐ Addition	
TITLE	D DAVED STEDUEN E	רין הגיניני	3.1 TITLE			Change Addition	
NAME STORES ADDRESS	BAKER, STEPHEN F 565 AVE. K, S.E.		3.2 NAM 3.3 STRE		noncee		
STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4. CITY			·	
TATLE	WHITEN TOUCHTE SSOOD	DELETÉ	4.1 TITLE		·ZIP	Change Addition	
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE		DORESS		
CITY+ST-ZIP	'		4.4 CITY				
TITLE		DELETE	5.1 TITLE		<u></u>	Change Addition	
NAME			5.2 NAM	ΙE	ļ		
STREET ADDRESS			5.3 STRE	ET AD	DDRESS		
- ST- 71P			5.4 City	- 51-2	ZIP		
		☐ DELETE	6.1 TITLE	-		Change Addition	
			6.2 NAM	E	1		
RESS			6.3 STRE	ET AD	DDRESS		
			6.4 CITY	-81-	ZIP		

by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ited 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 orderector 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 12 or Block 13 if changed, or on an attachment with an address.