

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758675

**Entity Name:** YORKTOWN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

YORKTOWN DRIVE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

C/O SIGNATURE PROPERTY MGMT  
459 NW PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983 US

**FEI Number:** 59-2115724

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORNETT, JANE ESQ.  
401 SE OSCEOLA STREET  
FIRST FLOOR  
STUART, FL 34994 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:** JANE CORNETT, ESQ.

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOGIUDICE, MIKE  
Address        C/O SIGNATURE PROPERTY MGMT  
                  459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

Title            VP  
Name            HILDRETH, ROBERT  
Address        C/O SIGNATURE PROPERTY MGMT  
                  459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

Title            TREA  
Name            COFER, JUDY  
Address        C/O SIGNATURE PROPERTY MGMT  
                  459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

Title            SECRETARY  
Name            LOSAPIO, STEVE  
Address        C/O SIGNATURE PROPERTY MGMT  
                  459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

Title            DIRECTOR  
Name            BLAKESLEE, JON  
Address        C/O SIGNATURE PROPERTY MGMT  
                  459 NW PRIMA VISTA BLVD  
City-State-Zip: PORT ST LUCIE FL 34983

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIKE LOGIUDICE

**PRESIDENT**

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date