

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755118** (7)

1. Corporation Name

**RUSTIC LAKES PROPERTY OWNERS ASSN., INC.**

Principal Place of Business

Mailing Address

**11443 81ST CT., NORTH  
LAKE PARK FL 33412**

**8690 112TH TERR. NO.  
PALM BCH. GARDENS FL 33412-1317  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1980</b>		3a. Date of Last Report <b>03/25/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2364498</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLINE, ROBERT  
11403 88TH RD N  
LAKE PARK FL 33412**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINE, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>11403 88TH RD N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEESE, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>8193 112TH TERR NO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINSON, GAIL</b>	3.2 NAME	<b>KIRKLAND, BARBARA</b>
STREET ADDRESS	<b>11086 86TH RD N</b>	3.3 STREET ADDRESS	<b>8690 112th Terrace No.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>	3.4 CITY-ST-ZIP	<b>Palm Beach Gardens, Fla. 33412</b>
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTOSIK, LYNDIA</b>	4.2 NAME	
STREET ADDRESS	<b>14270 87TH CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOXAGLATCHEE FL 33470</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/97**

Date

Daytime Phone # 004 1078

CR2E037 (9/96)