FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755118

RUSTIC LAKES PROPERTY OWNERS ASSN., INC.

Principal Place of Business Mailing Address 11443 BIST CT., NORTH LAKE PARK FL 33412 8690 112TH TERR., NO. 3. Date Incorporated or Qualified PALM BCH. GARDENS FL 33412 11/13/1980 4. FEI Number Applied For 59-2364498 Not Applicable

2. 21	Principal Place of Business			2e. Mailing Address 26				5. Certificate of Status Desired S8.75 Add Fee Regul					
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
City & State			28	City & State				7. Is this nonprofit corporation a homeowners association? 2 Yes No					
24	Zip	Country 26	29	Zip 30	Count	ry			This corporation owes or has pai Personal Property Tax due June	30.	Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
MAR BARENT					L	1 2	Name Street Addres	88 (F	P.O. Box Number is Not Acceptable	(e)			
11403 88TH RD N						3		(

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 good Lam familiar with and accept the obligations of Section 617.6503. Florida Statutes.

City

agent, I am rammar with, and accept the conganions of, occitor of 1.0005, I while statutes.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE											
12.	OFFICERS AND DIRECTORS		13.		ES TO OFFICERS AND I	DIRECTORS	3 IN 12				
TITLE	PD	DELETE	1.1 TITLE			Change	Addition				
NAME	KLINE, ROBERT		1.2 NAME								
STREET ADDRESS	11403 88TH RD N		1.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE PARK FL		1.4 CITY-ST-ZIP								
TITLE	V0	DELETE	2.1 TITLE			Change	☐ Addition				
NAME	DEESE, JOSEPH		2.2 NAME								
STREET ADDRESS	8193 112TH TERR NO		2.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE PARK FL		2. 4 CITY - ST - ZIP	,							
TITLE	TD	DELETE	3.1 TITLE			☐ Change	Addition				
NAME	KIRKLAND, BARBARA		3.2 NAME								
STREET ADDRESS	8690 112TH TERRACE NO		3.3 STREET ADDRESS								
CITY+ST-ZIP	PALM BEACH GARDENS FL		3.4. CITY - ST - ZIP								
TITLE	8	DELETE	4.1 TITLE			Change	Addition				
NAME	Bartosik, Lynda		4. 2 NAME								
STREET ADDRESS	14270 87TH CT		4.3 STREET ADDRESS		•						
CITY-ST-ZIP	LOXAGLATCHEE FL 33470		4.4 City-St-ZiP			_					
TITLE		DELETÉ	5.1 TITLE		L	Change	Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE			Change	☐ Addition				
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								

14. I 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 chapters, or on an attachment with an address.

SIGNATURE:

FILED

May 11 1998 8:00am

Secretary of State

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Zip Code