

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755118

1. Corporation Name

RUSTIC LAKES PROPERTY OWNERS ASSN., INC.

Principal Pace of Business

Mailing Address

11443 81ST CT.. NORTH LAKE PARK FL 33412

8690 112TH TERR.. NO. PALM BCH. GARDENS Ft. 33412

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90186 031 ****61.25



2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 11/13/1980		
Suite, Act. #, etc.		Suite, Apt. #, etc.			4. FEI Number		Aprilied For
22		27			59-2364498	⊢ +	Not Applicable
City & State		City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Counti	v	6. Election Campaign Financing	\$5.00	0 May Be
24	25	29	30	,	Trust Fund Contribution	•	d to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	and the second s		8	1 Name)		
KINE DAREDT				2 54	A Juliana (D.O. Day Aliyahar in Not Assessable)		
KLINE, ROBERT 11403 88TH RD N			8	2 Street	t Acidress (P.O. Box Number is Not Acceptable)		
	1K FL 33412		8	3			
LAKE PAR	IN FL 33412			4		200	- Cada
			8	4 City	F	85 Zip	p Code
office cr f	to the provisions of Sections 617.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was ∂	iuthorized b	y the corp	d corporation submits this statement for the purpose portition's board of directors. I hereby accept the appropriate the submits of the submi	of changing i	ts registered registered
SIGNATURE	Signature, typed or printed na ne of registered agent	AUGT	. Besistand Ad	ant elemature	required when reinstating) DATE		
12.	OFFICERS ANI		13.	on synatore	ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	FOFIS IN 12
TITLE	DD DELETE		1.1 1111.6			☐ Change	e Addition
NAME	KLINE, ROBERT	_	1.2 NAME			_	
STREET ADDRESS	11403 88TH RD N	I		ET ADDRESS			
	LAKE PARK FL			ST-ZIP		_	ļ
CITY-ST-ZIP	VD	NO DELETE	2.1 TITLE		TVD	Change	e Addition
	•	E 9222.2	2.2 NAME		William Boutwell		_
NAME	DEESE, JOSEPH			Et address	1177/ RZADLANE NO.		
STREET ADDRE 3S.	100 112111 12111 110		1		West Oalm Beach Fla.	334/	1_
CITY-ST-ZIP	LAKE PARK FL	DELETE	2.4 CITY 3.1 TITLE		West Palm Beach Fla.	Change	e Addition
TITLE	TD DATE OF THE PARTY		3.1 NAME				_
NAME	MINDAU, CANCAVA			: Et address			
STREET ADDRESS							
CITY-ST-ZIP	PALM BEACH GARDENS FL	DELETE	3.4, CITY		Secretary	Change	e Addition
TITLE	S DADTOOK LYNDA	ON DEFEIT	4.1 THE		EVAN GLAUSTEIN EVAN GLAUSTEIN 11150 83rd Lanen West Falm Beach, Fl		
NAME	BARTOSIK, LYNDA			=	11150 822d Lane N	0.	,
STREET ADDRESS	14270 87TH CT			ET ADDRESS	West Falm Beach Fl	334	42
C/TY-ST-ZIP	LOXAGLATCHEE FL 33470		4.4 CITY- 51 TITLE		TYVEST I WITH DEACH, IT	☐ Change	e Naddition
TITLE		(LI DELETE	5.2 NAME				
NAME				ET ADDRESS			ŀ
STREET ADDRESS			5.4 CITY				Į.
CITY-ST-ZIP		□ DELETE	6.1 TITLE		 	Change	e 🔲 Addition :
TITLE			6.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			l l				
STREET ADDRESS				ET ADDRESS	?		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		_	

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 changed, or on an attachment with an address, with a lother like empowered.