DOCUMENT # 755118 1. Entity Name RUSTIC LAKES PROPERTY OWNERS ASSN., INC.					FILED Apr 20, 2000 8:00 ar Secretary of State 03-20-2000 90045 032 ****61.25
Principal Place of Business Mailing Address					1
11443 81ST CT. LAKE PARK FL		8690 112TH TERR., NO. PALM BCH. GARDENS FL 33412-1317 US			E ANNO HI ANNO E MITAL ATTRE HAND FOR JOHN DIRECTOR DIVINO AT ANNO AT ANNO AT ANNO AT ANNO AT ANNO AT ANNO AT
2. Principal Place of Business		3. Mailing Address [1276 838 LANS NORTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State City & State			0		4. FEI Number Applied For
	PALM BEACH, FL	WEST PALM.	Country		59-2364498 Not Applicable
Zip 33412 Country USA		33412	USA		5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
SIGNATUBE	named entity submits this statement of the statement of t	home TIMO	s registered office or 7749 G. 0 TE: Registered Agent signatu In Financing	COPS	· _ · _ · _ · _ · _ · _ · _ · _ · _ · _
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINE, ROBERT 11403 88TH RD N LAKE PARK FL VD	Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	P 114 WE	ORSE, TIMA 140 86 STREET NOWTH STREET NOWTH FOR CHANGE Addition PAICH BEACH, FL 33412
NAME STREET ADDRESS CITY-SI-ZIP	BOUTWELL, WILLIAM 1276 33RD LANE NO W PALM BCH FL 33412		NAME STREET ADDRESS CITY-ST-ZIP	1/2	TAHAN, TIM 278 86# STREET NORTH D EST PALM BEACH, FL 33412
NAME STREET ADDRESS CITY-ST-ZIP	-TD KIRKLAND, BARBARA 8890 112TH TERRACE NO PALM BEACH GARDENS FL	Dolete -	NAME STREET ADDRESS - CITY-ST-ZIP	B00 112.	OUTWELL WILLIAM 2.76 88 4 LANE NORTH DEST PACM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RI ALISTEIN EVAN	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE		☐ Delete	TITLE	Γ	☐ Change ☐ Addition

12. I hereby 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE: 4

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

□ Change

Addition