

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/28

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90105 031 \*\*\*\*61.25

**DOCUMENT # 755118**

1. Entity Name

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

Principal Place of Business

11440- 86TH ST. N.  
LAKE PARK FL 33412

Mailing Address

11276 -83RD LN N.  
PALM BCH. GARDENS FL 33412  
US

2. Principal Place of Business

11276 83<sup>rd</sup> LANE NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33412

Country

USA

Zip

Country

4. FEI Number

59-2364498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORSE, TIM  
11440- 86TH ST. N.  
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name

TIM TEAHAN

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

11278 86<sup>th</sup> STREET NORTH

City

WEST PALM BEACH,

FL

Zip Code

33412

8. 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

*[Signature]*

TIMOTHY TEAHAN

2/21/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MORSE, TIM	
STREET ADDRESS	11440-86TH ST. N	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOUTWELL, WILLIAM	
STREET ADDRESS	11276 -83RD LN N.	
CITY-ST-ZIP	W PALM BCH FL 33412	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEAHAN, TIM	
STREET ADDRESS	11278 -86TH ST N.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAUSTEIN, EVAN	
STREET ADDRESS	11150 83RD LANE NO	
CITY-ST-ZIP	W PALM BCH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM TEAHAN	
STREET ADDRESS	11278 86 <sup>th</sup> STREET NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YVONNE-ZIEL	
STREET ADDRESS	11440 86 <sup>th</sup> STREET NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

*[Signature]*

WILLIAM H. BOUTWELL

Date

2/21/01 (561) 775-2028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/00)