#### **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 755118** 

Entity Name: RUSTIC LAKES PROPERTY OWNERS ASSN., INC.

FILED
May 31, 2022
Secretary of State
5721898779CC

# **Current Principal Place of Business:**

11440 86TH STREET N

PALM BEACH GARDENS, FL 33412

## **Current Mailing Address:**

11440 86TH STREET N

PALM BEACH GARDENS. FL 33412 US

FEI Number: 59-2364498 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BROWN, LAUREN 11440 86TH STREET N PALM BEACH GARDENS, FL 33412 US

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: LAUREN BROWN 05/31/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

TitleVICE PRESIDENT & DIRECTORTitleDIRECTORNameCASTRO, ALEXANDERNameLEWIS , RODNEYAddress11016 81ST COURT NAddress11105 88TH ROAD N

City-State-Zip: PALM BEACH GARDENS FL 33412 City-State-Zip: PALM BEACH GARDENS FL 33412

Title DIRECTOR Title DIRECTOR

NameWOOSTER, ALVINNameGRUBER, CARRIE SAddress8936 112TH TERRACE NAddress11085 86TH STREET N

City-State-Zip: PALM BEACH GARDENS FL 33412 City-State-Zip: PALM BEACH GARDENS FL 33412

Title PRESIDENT & DIRECTOR Title SECRETARY & DIRECTOR

Name STEPHANO, RENEE-MARIE Name WISE, JOELL

Address 11150 83RD LANE N Address 11086 86TH STREET N

City-State-Zip: PALM BEACH GARDENS FL 33412 City-State-Zip: PALM BEACH GARDENS FL 33412

Title DIRECTOR Title TREASURER & DIRECTOR

Name LANE, JOHN Name BROWN, LAUREN A

Address 11086 89TH STREET N Address 11440 86TH STREET N

City-State-Zip: PALM BEACH GARDENS FL 33412 City-State-Zip: PALM BEACH GARDENS FL 33412

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN BROWN TREASURER/DIRECTOR 05/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR
Name WISE, EUGENE

Address 11086 86TH STREET N

City-State-Zip: PALM BEACH GARDENS FL 33412