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COVER LETTER

Division of Corporations
SUBJECT: Rustic Acres Property Owners Association, Inc.
·
DOCUMENT NUMBER: 718400
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Name of Contact / Crson
Firm/Company
699 SW PUSTIC CIRCLE
655 SW RUSTIC CIRCLE Address STUPPT FL. 34997 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future annual report not meation)
For further information concerning this matter, please call:
Name of Contact Person at (772) 287-2197 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
. The name of the corporation: Rustic Acres Property Owners Association, Inc.
2. The principal office address: 789 S. Federal Hwy, Suite 101, Stuart, FL 34994
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/18/97 Document number: 718400
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Deborah L. Ross, Esq./Ross Earle & Bonan, P.A.
789 S. Federal Hwy, #101
Stuart, FL 34994
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
655 SW RUSTIC CIPCLE
LAPPRY NEIDIGH 655 SW RUSTIC CIRCLE P.O. Box NOT acceptable STURRET, FL. 34997
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Horin P. Holly HEVIN P. KELLY PRESIDE
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent FEB 11 2014
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *