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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:05

DOCUMENT # **738689** **(9)**

1. Corporation Name

RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
3378 SW BESSEY CREEK TRL. PALM CITY FL 34990 US	3378 SW BESSEY CREEK TRL PALM CITY FL 34990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/18/1977**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2209759** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FYFE, JAMES B
3378 SW BESSEY CREEK TRL
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE JAMES B. FYFE — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BENNUNGTON, JEFF	12 NAME		
STREET ADDRESS	3388 SW BESSEY CREEK TRL	13 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ERUCJSIBM CYRTUS	22 NAME		
STREET ADDRESS	3700 SE WOOD CREEK TRL	23 STREET ADDRESS		HILL, SUSAN A.
CITY-ST-ZIP	PALM CITY,FL 00000	24 CITY-ST-ZIP		3398 SW BESSEY CREEK TRAIL PALM CITY, FL 34990
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	KIEHN, BARBARA	32 NAME		
STREET ADDRESS	3680 SW WOODCREEK TRL	33 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY,FL 00000	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	FYFE, LUCY	42 NAME		
STREET ADDRESS	3378 SW BESSEY CREEK TRL.	43 STREET ADDRESS		FYFE, JAMES B.
CITY-ST-ZIP	PALM CITY,FL 00000	44 CITY-ST-ZIP		3378 SW BESSEY CREEK TRAIL PALM CITY, FL 34990
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/6/95 402 286-3208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES B. FYFE

0070481