

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **738689** (9)

1. Corporation Name

**RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

3378 SW BESSEY CREEK TRL.  
PALM CITY FL 34990  
US

Mailing Address

3378 SW BESSEY CREEK TRL  
PALM CITY FL 34990  
US

3. Date Incorporated or Qualified  
**04/18/1977**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3560 SW Woodcreek Trl.**

26 **3560 SW Woodcreek Trl.**

4. FEI Number  
**59-2209759**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 **Palm City, Fl**

28 **Palm City, Fl**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 **34990** 25 **USA**

29 **34990** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
**Rebecca P. Eis**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3560 SW Woodcreek Trail**

83

84 City  
**Palm City**

**FL**

85 Zip Code  
**34990**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*James B. Fyfe*

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

(NOTE: Registered Agent signature required when registering.)

DATE

*2/21/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD BENNINGTON, JEFF**  
STREET ADDRESS **3388 SW BESSEY CREEK TRL**  
CITY-ST-ZIP **PALM CITY FL**

1.1 TITLE **President PD**  Change  Addition  
1.2 NAME **Bennington, Jeff**  
1.3 STREET ADDRESS **3388 SW Bessey Creek Trail**  
1.4 CITY-ST-ZIP **Palm City, Fl 34990**

TITLE  DELETE  
NAME **VD HILL, SUSAN A**  
STREET ADDRESS **3398 SW BESSEY CREEK TRAIL**  
CITY-ST-ZIP **PALM CITY FL**

2.1 TITLE **Vice President VD**  Change  Addition  
2.2 NAME **Bollen, Paul**  
2.3 STREET ADDRESS **3540 SW Woodcreek Trail**  
2.4 CITY-ST-ZIP **Palm City, Fl 34990**

TITLE  DELETE  
NAME **SD KIEHN, BARBARA**  
STREET ADDRESS **3680 SW WOODCREEK TRL**  
CITY-ST-ZIP **PALM CITY, FL 00000**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **TD FYFE, JAMES B**  
STREET ADDRESS **3378 SW BESSEY CREEK TRAIL**  
CITY-ST-ZIP **PALM CITY FL**

4.1 TITLE **Treasurer TD**  Change  Addition  
4.2 NAME **Rebecca P. Eis**  
4.3 STREET ADDRESS **3560 SW Woodcreek Trail**  
4.4 CITY-ST-ZIP **Palm City, Fl 34990**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

*Rebecca P. Eis*

**Rebecca P. Eis Treas.**

**2/21/96**

**407-220-9621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)