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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 738689 (9)
1. Corporation Name
RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 3560 SW WOODCREEK TRAIL, PALM CITY FL 34960, US
Mailing Address: 3560 SW WOODCREEK TRAIL, PALM CITY FL 34990, US

3. Date Incorporated or Qualified: 04/18/1977
4. FEI Number: 59-2209759
Applied For: Not Applicable

2. Principal Place of Business: 21 3357 SW Bessey Creek Trail, Suite, Apt. #, etc.
22 City & State: 23 Palm City, FL
24 Zip: 25 34990, Country: 26 Martin

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: EIS, REBECCA P., 3560 SW WOODCREEK TRAIL, PALM CITY FL 34990

10. Name and Address of New Registered Agent: 81 Name: Christine M. Moreno, Esquire; 82 Street Address: 3211 SW Alexander Court; 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: *Christine M. Moreno* DATE: 3-9-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BENNINGTON, JEFF | |
| STREET ADDRESS | 3388 SW BESSEY CREEK TRL | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | VPO | <input checked="" type="checkbox"/> DELETE |
| NAME | BOLLEN, PAUL | |
| STREET ADDRESS | 3540 SW WOODCREK TRAIL | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | KIEHN, BARBARA | |
| STREET ADDRESS | 3680 SW WOODCREEK TRL | |
| CITY-ST-ZIP | PALM CITY, FL 00000 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | EIS, REBECCA P. | |
| STREET ADDRESS | 3560 SW WOODCREEK TRAIL | |
| CITY-ST-ZIP | PALM CITY FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|---|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WIEGNER, G.O. | |
| 1.3 STREET ADDRESS | 3357 SW Bessey Creek Trail | |
| 1.4 CITY-ST-ZIP | Palm City, FL 34990 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Director / SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | KIEHN, BARBARA | |
| 3.3 STREET ADDRESS | 3680 SW WOODCREEK TRAIL | |
| 3.4 CITY-ST-ZIP | PALM CITY, FL 34990 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Director and TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | OLSON, RICHARD | |
| 5.3 STREET ADDRESS | 3407 S.W. Bessey Creek Trail | |
| 5.4 CITY-ST-ZIP | PALM CITY, FL 34990-1803 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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: *[Signature]* 3/9/98 (561) 283-2140

CR2E037 (10/97)