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NONPROFIT CORPORATION ANNUAL REPORT

1999

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90035 031 \*\*\*\*61.25

## DOCUMENT # 738680

RUSTIC ON, INC.	HILLS PHASE III PROPERTY	OWNERS ASSOCIA	TI				<u>-</u>		
Principal Place	of Business	Mailing Address							
3560 SW WOOI PALM CITY FL US		3357 SW BESSEY CREEK PALM CITY FL 34990 US	TRL		**************************************				
	ace of Business 3 S.W. Bossey (reg. W.)	2a. Mailing Address 26 3378 S. w 8		Scoll	3. Date i	ncorporated or Qualifed	<u> </u>		
Suite, Apt. #		Suite, Apt. #, etc.			4. FEIN	umber 209759			olied For Applicable
City & State	Ct Fla	City & State	Fla			ate of Status Desired		\$8.75 A	dditional
3 Valu	Country	Zip	Country			on Campaign Financing	, D	\$5.00	May Be
34991	) 25	29 34990	30			Fund Contribution	<b>5</b> 1-41	Added to	o Fees
	9. Name and Address of Current	Registered Agent	81	Nor	10. Name	and Address of New	Registered .	Agent	
MODENO CUIDICTNIC M. F.			81	Name	44-22- (D.O. Da	ess (P.O. Box Number is Not Acceptable)			
MORENO, CHRISTINE M E 3211 SW ALEXANDER CT				Street A					
PALM CITY	/ FL 34990		83					11	\
			84	City			FL	85 Zip C	
11. Pursuant t	o the provisions of Sections 617.0502 gistered agent, or both, in the State of	and 617.1508, Florida Statut	tes, the above	-named c	orporation subm	its this statement for the	e purpose of	changing its ntment as rec	registered jistered
office or re	n familiar with, and accept the obligation	ons of, Section 617.0503, Flo	orida Statutes.	tne corpor	ration's board of	directors. I hereby accor	<b></b>	·	•
office or re agent. I an SIGNATURE	gistered agent, or both, in the State or n familiar with, and accept the obligation Signature, typed or printed name of registered agent a	ons of, Section 617.0503, Fig	orida Statutes.		ration's board or		DATE	<u> </u>	
office or re agent. I an SIGNATURE	n familiar with, and accept the obligation	and title if applicable. (NOTE	orida Statutes.	t signature rec	ration's board or quired when reinstating ADDIT		DATE	D DIRECTO	RS IN 12
office or reagent. I an SIGNATURE  12.	n familiar with, and accept the obligation Signature, typed or printed name of registered agent a OFFICERS AND PD	and title if applicable. (NOTE	E: Registered Agent  13.  1.1 TITLE	t signature rec	quired when reinstating ADDIT	ONS/CHANGES TO O	DATE FFICERS AN	D DIRECTO	RS IN 12
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office or reagent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND PD WIEGNER, G 0 3357 SW BESSEY CREEK TRL	and title if applicable. (NOTE	E: Registered Agent  13.  1.1 TITLE  1.2 NAME	t signature rec	quired when reinstating ADDIT	ONSICHANGES TO O	DATE FFICERS AN	D DIRECTO	RS IN 12
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