

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

0075193

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # 738689

1. Corporation Name

RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3560 SW WOODCREEK TRAIL
PALM CITY FL 34990
US

Mailing Address

3357 SW BESSEY CREEK TRAIL
PALM CITY FL 34990
US



2. Principal Place of Business

21 3378 S.W. Bessey Creek Trl

Suite, Apt. #, etc.

22

23 Palm City Fla

Zip Country

24 34990

25

2a. Mailing Address

26 3378 S.W. Bessey Creek Trl

Suite, Apt. #, etc.

27

28 Palm City Fla

Zip Country

29 34990

30

3. Date Incorporated or Qualified

04/18/1977

4. FEI Number

59-2209759

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MORENO, CHRISTINE M E
3211 SW ALEXANDER CT
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME WIEGNER, G O
STREET ADDRESS 3357 SW BESSEY CREEK TRAIL
CITY-ST-ZIP PALM CITY FL 34990

TITLE DT DELETE

NAME OLSON, RICHARD
STREET ADDRESS 3407 SW BESSEY CREEK TRAIL
CITY-ST-ZIP PALM CITY FL 34990

TITLE ~~DE~~ DELETE

NAME KIEHN, BARBARA
STREET ADDRESS 3680 SW WOODCREEK TRAIL
CITY-ST-ZIP PALM CITY, FL 00000

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition

1.2 NAME James B Fyfe
1.3 STREET ADDRESS 3378 S.W. Bessey Creek Trl
1.4 CITY-ST-ZIP Palm City Fla 34990

2.1 TITLE DS Change Addition

2.2 NAME Susan Hill
2.3 STREET ADDRESS 3398 S.W. Bessey Creek Trl
2.4 CITY-ST-ZIP Palm City, Fla. 34990

3.1 TITLE D Change Addition

3.2 NAME Kiehn, Barbara
3.3 STREET ADDRESS 3680 SW WOODCREEK TRAIL
3.4 CITY-ST-ZIP PALM CITY, FLA 34990

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
James B Fyfe
SECRETARY OF STATE

3/3/99

Date

561-286-3008

Daytime Phone #

CR2E037 (1/198)