

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0083879

DOCUMENT # 738689

1. Entity Name

RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATI

03-29-2001 90368 012 *****70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2209759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORENO, CHRISTINE M E
 3211 SW ALEXANDER CT
 PALM CITY FL 34990

Name **JANE CORNETT**

Street Address (P.O. Box Number is Not Acceptable)

401 E. OSCEOLA, FIRST FLOOR

City **STUART**

FL

Zip Code
34994

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-01

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIEGNER, G O 3357 SW BESSEY CREEK TRL PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLSON, RICHARD 3407 SW BESSEY CREEK TRL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIEHN, BARBARA 3680 SW WOODCREEK PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FYRE, JAMES 3378 SW BESSEY CREEK TRL PALM CITY FL 34990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, SUSAN 3398 SW BESSEY CREEK TRL PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAN WHITE 3337 SW BESSEY CREEK TRL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELAINE INFUSO 3540 SW WOOD CREEK TRL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JULIE NIELSON 3327 SW BESSEY CREEK TRL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT ARRIGHI 3700 SW WOOD CREEK TRL PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

561 221 7720

Daytime Phone #

CR2E037 (10/00)