

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 049 \*\*\*\*61.25

**DOCUMENT # 741638**

1. Entity Name

RUSTLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

SEABOARD ARBORS MGMT SVC INC  
2189 CLEVELAND ST STE 225  
CLEARWATER FL 33765  
US

Mailing Address

SEABOARD ARBORS MGMT SVC INC  
2189 CLEVELAND ST STE 225  
CLEARWATER FL 33765  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1896189

Applied For

Not Applicable

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

LEIGHTON, LENNARD  
% SEABOARD ARBORS MGMT SVC INC  
2189 CLEVELAND ST STE 225  
CLEARWATER FL 33765

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WILSON, GLEN  
STREET ADDRESS 2650 COUNTRYSIDE BLVD, A303  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE SD ☐ Delete  
NAME ELARDI, PAT  
STREET ADDRESS 2650 COUNTRY SIDE BLVD A-301  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☐ Delete  
NAME MAXWELL, MICAH  
STREET ADDRESS 2650 COUNTRYSIDE BLVD, A110  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☒ Delete  
NAME PANAPOLIS, JOHN  
STREET ADDRESS 2650 COUNTRYSIDE BLVD, A109  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ Delete  
NAME SCHIPPER, NEIL  
STREET ADDRESS 2650 COUNTRYSIDE BLVD, I205  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME KAHL, JOE  
STREET ADDRESS 2650 COUNTRYSIDE BLVD D104  
CITY-ST-ZIP CLEARWATER, FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Neil Schipper*

1-25-06