

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741638

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: RUSTLEWOOD CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

## Current Mailing Address:

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

## New Mailing Address:

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

FEI Number: 59-1896189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SCANNAVINO, DOMINICK  
% SCANNAVINO, INC.  
720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

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: DOMINICK SCANNAVINO

01/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: ELARDI, PAT  
Address: 2650 COUNTRY SIDE BLVD A-301  
City-St-Zip: CLEARWATER, FL 33761

Title: TD ( ) Delete  
Name: MENZ, TERRY  
Address: 2650 COUNTRYSIDE BLVD., F301  
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete  
Name: SCHIPPER, NEIL  
Address: 2650 COUNTRYSIDE BLVD., F205  
City-St-Zip: CLEARWATER, FL 33761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL SCHIPPER

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date