

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745530

FILED
Apr 10, 2008
Secretary of State

Entity Name: RUSTIC HILLS, PHASES 1 & 2, PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1295 SW COVERED BRIDGE RD.
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 437
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 80-0043969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTZOG, LOIS
1295 SW COVERED BRIDGE RD
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTZOG, LOIS
Address: 1295 SW COVERED BRIDGE RD.
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: SETLIFF, DENNIS
Address: 2503 SW MURPHY RD
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: MESSINGER, DEENA
Address: 1362 SW KNOLLWOOD DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VPD () Delete
Name: MERZON, STANLEY
Address: 1232 SW KNOLLWOOD DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VPD () Delete
Name: LOOMIS, KEN
Address: 1329 SW COVERED BRIDGE RD.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BELL, CAROL
Address: 1469 SW COVERED BRIDGE RD.
City-St-Zip: PALM CITY, FL 34990

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:

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: DENNIS SETLIFF

TD

04/10/2008

Electronic Signature of Signing Officer or Director

Date