

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755118 (7)

1. Corporation Name

RUSTIC LAKES PROPERTY OWNERS ASSN., INC.



Principal Place of Business

Mailing Address

11443 81ST CT., NORTH
LAKE PARK FL 33412

8690 112TH TERR., NO.
PALM BCH. GARDENS FL 33412
US

3. Date Incorporated or Qualified
11/13/1980

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2364498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLINE, ROBERT
11403 88TH RD N
LAKE PARK FL 33412

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/80/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KLINE, ROBERT
STREET ADDRESS 11403 88TH RD N
CITY-ST-ZIP LAKE PARK FL
☐ DELETE

1.1 TITLE TD
1.2 NAME GAIL HUTCHINSON
1.3 STREET ADDRESS 11086 86TH RD. N.
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33412
☐ Change ☒ Addition

TITLE VD
NAME DEESE, JOSEPH
STREET ADDRESS 8193 112TH TERR NO
CITY-ST-ZIP LAKE PARK FL
☐ DELETE

2.1 TITLE SEC.
2.2 NAME LYNDA BARTOSIK
2.3 STREET ADDRESS 14270 87TH C.
2.4 CITY-ST-ZIP LOXAHATCHEE, FL. 33470
☐ Change ☒ Addition

TITLE TD
NAME KIRKLAND, BARBARA
STREET ADDRESS 8690 112TH TERR. N.
CITY-ST-ZIP LAKE PARK FL
☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Gail Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

407-622-4330

Daytime Phone #

CR2E037 (12/95)