2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 20, 2000 8:00 am
Secretary of State
03-20-2000 90045 032 ****61.25

DOCUMENT # 755118

1. Entity 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 33412-1317 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11440 86TH STREET NORTH	11276 83RD LANE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33412 Country: USA	Zip: 33412 Country: USA

4. FEI Number: 59-2364498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: TIM MORSE
Street Address (P.O. Box Number is Not Acceptable): 11440 86TH STREET NORTH
City: WEST PALM BEACH, FL Zip Code: 33412

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: TIMOTHY G. MORSE 3/05/00
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

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 KLINE, ROBERT 11403 88TH RD N LAKE PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORSE, TIM 11440 86TH STREET NORTH WEST PALM BEACH, FL 33412	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOUTWELL, WILLIAM 1276 33RD LANE NO W PALM BCH FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TEAHAN, TIM 11278 86TH STREET NORTH WEST PALM BEACH, FL 33412	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIRKLAND, BARBARA 8690 112TH TERRACE NO PALM BEACH GARDENS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOUTWELL, WILLIAM 11276 83RD LANE NORTH WEST PALM BEACH, FL 33412	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAUSTEIN, EVAN 11150 83RD LANE NO W PALM BCH FL 33412	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [illegible] WILLIAM H. BOUTWELL 3/5/00 561-775-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #