

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766228**

1. Entity Name  
RUSTIC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
TOWNHOUSE COURT  
TAMPA, FL 33614 US

Mailing Address  
P.O. BOX 15661  
TAMPA, FL 33684-5661



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRUDNY, MICHAEL J ESQ  
200 N. PINE AVENUE, STE A  
OLDSMAR, FL 34677

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

000000775376  
01/08/08-80027-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDIS, ROBERT 3408 TOWNHOUSE CT TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLGROVE, MICHAEL 3416 TOWNHOUSE CT. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YODER, DAN E 3419 W. KIRBY ST. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Dan E. Yoder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-2008 (813) 933-4948  
Date Daytime Phone #