

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 14, 2009
Secretary of State

DOCUMENT# N05000004600

Entity Name: RUSTLING PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301**New Principal Place of Business:**313 SAND PINE DRIVE
MIDWAY, FL 32343**Current Mailing Address:**PO BOX 13089
TALLAHASSEE, FL 32317**New Mailing Address:**313 SAND PINE DRIVE
MIDWAY, FL 32343**FEI Number:** 20-2796882**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32309 US**Name and Address of New Registered Agent:**REGINAL, WILLIAMS
313 SAND PINE DRIVE
MIDWAY, FL 32343 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: REGINAL WILLIAMS

08/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: CISROW, DWAYNE
Address: 92 SAND PINE DR
City-St-Zip: MIDWAY, FL 32343**Title:** ST () Delete
Name: SANDELL, MARY
Address: 126 SAND PINE CIR
City-St-Zip: MIDWAY, FL 32343**Title:** PD () Delete
Name: WILLIAMS, REGINALD
Address: 313 SAND PINE DR
City-St-Zip: MIDWAY, FL 32343**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: WILLIAMS, REGINAL
Address: 313 SAND PINE DR
City-St-Zip: MIDWAY, FL 32343

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: MARY SANDELL

ST

08/14/2009

Electronic Signature of Signing Officer or Director

Date