

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27382

FILED
Apr 29, 2006
Secretary of State

Entity Name: RUSTIC ACRES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2900 CIARA COURT
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2900 CIARA COURT
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 11-1442993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAUGHN, DOUGLAS
3121 HARVEST LANE
KISSIMMEE, FL 34744 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: HAUGHN, DOUGLAS
Address: 3121 HARVEST LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: HALO, SANDI
Address: 3110 HARVEST LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: DODD, ROBERT
Address: 3136 HARVEST LANE
City-St-Zip: KISSIMMEE, FL 34744

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS HAUGHN

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date