2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27382

FILED Apr 09, 2009 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2900 CIAR/ KISSIMMEI	A COURT E, FL 34744	US		EVIEW STREET TE SPRINGS, FL 32714	US	
Current Mailing Address:			New Mailii	New Mailing Address:		
2900 CIAR/ KISSIMME	A COURT E, FL 34744	US		EVIEW STREET TE SPRINGS, FL 32714		
FEI Number:	11-1442993	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of	f Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registe	red Agent:	
	OSEPH ESTO CIRCLE E, FL 34744	US	135 W. PIN	TIAL GROUP SOUTH, IN EVIEW STREET IE SPRINGS, FL 32714	C. US	
The above in the State		ubmits this statement for the pur	pose of changing it	s registered office or regis	tered agent, or both,	
SIGNATUR	RE: ANTHONY	Y GUADAGNINO		04/09	0/2009	
	Electroni	c Signature of Registered Agent	İ	Date	e	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICE	RS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD () HAFLER, JOSEF 3153 HARVEST KISSIMMEE, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	PD (X) CHERRY, ANNIT 3005 HARVEST KISSIMMEE, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	VD () SPATARO, VINC 3157 HARVEST KISSIMMEE, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	TD () RODRIGEZ, JAN 3150 HARVEST KISSIMMEE, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	V () BEAULIEU, DAV 3125 HARVEST KISSIMMEE, FL	LN	Title: Name: Address: City-St-Zip:	D (X) Change () A BEAULIEU, DAVID 3125 HARVEST LN KISSIMMEE, FL 34744	ddition	
Title: Name: Address: City-St-Zip:	D () LAMB, VIRGINIA 2904 CIARA CT KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	()Change()Ad	ddition	

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: VINCENT M SPATARO, JR. VD 04/09/2009