

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005041 (9)

1. Corporation Name

RUSTIC RANCHES LANDOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O BOOSE, CASEY, CIKLIN, ET AL
515 N FLAGLER DRIVE, 17TH FLOOR
WEST PALM BEACH FL 33401

C/O BOOSE, CASEY, CIKLIN, ET AL
515 N FLAGLER DRIVE, 17TH FLOOR
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINO, GREGORY S
C/O BOOSE, CASEY, CIKLIN, ET AL
515 N FLAGLER DRIVE, 17TH FLOOR
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PIGADIS, ELIZABETH J**
CITY - ST - ZIP **16198 RUSTIC ROAD
LOXAHATCHEE FL 33470**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **REISMAN, PHYLIS**
CITY - ST - ZIP **16720 HOLLOW TREE LANE
LOXAHATCHEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BRIGGS, MICHAEL R**
CITY - ST - ZIP **2851 FLYING COW RANCH ROAD
LOXAHATCHEE FL 33470**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **JOHNSON, SANDRA F**
CITY - ST - ZIP **16640 DEER PATH LANE
LOXAHATCHEE FL 33470**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MERRIAM, FRANK**
CITY - ST - ZIP **16229 RUSTIC RD
LOXAHATCHEE FL 33470**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/95

4077904977

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