


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 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 C/O BOOSE, CASEY, CIKLIN, ET AL 515 N FLAGLER DRIVE, 17TH FLOOR WEST PALM BEACH FL 33401	Mailing Address C/O BOOSE, CASEY, CIKLIN, ET AL 515 N FLAGLER DRIVE, 17TH FLOOR WEST PALM BEACH FL 33401-4321
--	---

3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 03/15/1996
--	--

2. Principal Place of Business 21 c/o PIGADIS	2a. Mailing Address 26 c/o PIGADIS	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. 22 16198 Rustic Rd	Suite, Apt. #, etc. 27 16198 Rustic Rd	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 LOXAHATCHEE, FLA	City & State 28 LOXAHATCHEE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33470	Country 25 Palm Beach	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29 33470	Country 30 Palm Beach		

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 ELIZABETH J PIGADIS
82 Street Address (P.O. Box Number is Not Acceptable) 16198 RUSTIC RD
83 City LOXAHATCHEE
84 City FL
85 Zip Code 33470

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 *Elizabeth J Pigadis* 3/28/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIGADIS, ELIZABETH J		1.2 NAME	
STREET ADDRESS 16198 RUSTIC ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REISMAN, PHYLIS		2.2 NAME	
STREET ADDRESS 16720 HOLLOW TREE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIGGS, MICHAEL R		3.2 NAME	
STREET ADDRESS 2851 FLYING COW RANCH ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL 33470		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, SANDRA F		4.2 NAME	
STREET ADDRESS 18640 DEER PATH LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL 33470		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERRIAM, FRANK		5.2 NAME	
STREET ADDRESS 16229 RUSTIC RD		5.3 STREET ADDRESS	
CITY-ST-ZIP LOXAHATCHEE FL 33470		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 561.7904977
Date Daytime Phone # 0038006

CR2E037 (9/96)