

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 030 \*\*\*\*61.25

<b>DOCUMENT # N23482</b> 1. Entity Name <b>BOOT HEEL PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>109 HUNTLEY DRIVE LAKE PLACID, FL 33852</b>			Mailing Address <b>109 HUNTLEY DRIVE LAKE PLACID, FL 33852</b>		
2. Principal Place of Business <b>109 ARRON DRIVE</b>		3. Mailing Address <b>109 ARRON DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE PLACID, FL</b>		City & State <b>LAKE PLACID, FL</b>		4. FEI Number <b>59-2094198</b>	
Zip <b>33852</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUSSELL, GILLIE C 109 HUNTLEY DRIVE LAKE PLACID, FL 33852</b>		7. Name and Address of New Registered Agent Name <b>RUSSELL, GILLIE C</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 ARRON DRIVE</b> City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>RUSSELL, GILLIE C</b> <input type="checkbox"/> Delete <b>109 HUNTLEY DRIVE</b> <b>LAKE PLACID, FL 33852</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RUSSELL, GILLIE C</b> <b>109 ARRON DRIVE</b> <b>LAKE PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>CANNON, WILLIAM R</b> <b>109 HUNTLEY DRIVE</b> <b>LAKE PLACID, FL 33852</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CANNON, WILLIAM R</b> <b>109 ARRON DRIVE</b> <b>LAKE PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete <b>RUSSELL, MELISSA P</b> <b>109 HUNTLEY DRIVE</b> <b>LAKE PLACID, FL 33852</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RUSSELL, MELISSA P</b> <b>109 ARRON DRIVE</b> <b>LAKE PLACID, FL 33852</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Gillie C. Russell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/5/05</b> Daytime Phone # <b>863/465-2821</b>		

**50000871**



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