## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N23482**



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

1. Entity Nam BOOT HE		ERTY OWNER'S	ASSOCIATION, IN	c.		01	1-10-2005 9	0014 030 *	****61.2	5
Principal Place of Business 109 HUNTLEY DRIVE LAKE PLACID, FL 33852		Mailing Address 109 HUNTLEY DRIVE LAKE PLACID, FL 33852			225 IRU BIBOI (2116 II	iai austi Gisti suiti	500	00871		
2. Principal Place of Business 109 ARRON DRIVE		3. Mailing Address 109 ARRON DRIVE								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005	Chg-NP	CR2E037	(10/03)		
City & State LAKE PLACID, FL		City & State LAKE PLACID, FL			4. FEI Number 59-2094198			No	pplied For ot Applicable	
Zip Country 33852		33852	Country			Status Desired		8.75 Add ee Require		
6. Name and Address of Current Registered Agent Name					me	7. Name and Address of New Registered Agent				
RUSSELL, GILLIE C 109 HUNTLEY DRIVE LAKE PLACID, FL 33852				<u> </u>	RUSSELL, GILLIE C  Street Address (P.O. Box Number is Not Acceptable) 109 ARRON DRIVE					
				Cit	·	<del></del>			Zip Code	<u> </u>
					LAKE	PLACID		FL	<u>  338</u>	352
	e named entity : tions of register		or the purpose of changing its	s registered off	ice or register	red agent, or both	, in the State of F	Rorida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applicable. (NO	TE: Registered Agent	SiConati eta (ACA) interi	Lubra chistora	·	DATE	·	
					· organization ( octoring )	Minor (or specially)				
	Filing Fee	is \$61.25 ay 1, 2005	9. Election Ca Trust Fund	mpaign Financ Contribution.		\$5.00 May Be Added to Fees		Make check orlda Departi		
10.	Filing Fee Due by Ma	is \$61.25	9. Election Ca Trust Fund	mpaign Financ Contribution.	ing 🗆	\$5.00 May Be	Flo	Make check orida Departs ERS AND DIR	nent of SI	tate
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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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR