

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90258 039 \*\*\*\*61.25

**DOCUMENT # N23482**

1. Entity Name  
BOOT HEEL PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

109 ARRON DRIVE  
LAKE PLACID, FL 33852

Mailing Address

109 ARRON DRIVE  
LAKE PLACID, FL 33852

00000086



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2094198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, GILLIE C  
109 ARRON DRIVE  
LAKE PLACID, FL 33852

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUSSELL, GILLIE C  
STREET ADDRESS 109 ARRON DRIVE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VD  
NAME CANNON, WILLIAM R  
STREET ADDRESS 109 ARRON DRIVE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE STD  
NAME RUSSELL, MELISSA P  
STREET ADDRESS 109 ARRON DRIVE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Gillie C. Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07 863/465-2821

Date

Daytime Phone #