FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28127

(1)

BOOT RANCH MASTER ASSOCIATION, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				- - !	 	
C/O STERLING MGMT 1301 SEMINOLE BLVD, STE 172 LARGO FL 34640 US		C/O STERLING MGMT 1301 SEMINOLE BLVD. STE 172 LARGO FL 34640 US			3. Date Incorporated or Qualified 08/30/1988 4. FEI Number		oplied For	
0 Division D		15-14-7				34-1601287		t Applicable
2. Principal Pi	ace of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 / Fee Re	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
City & State	3	City & State				7. is this nonprofit corporation a homeowners association?		
Zip			Cour	ountry 8. This corporation owes or has paid the current year Intangible		angible		
24	25	29	30	,		Personal Property Tax due June 30.		No
	Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
ļ				81 N	ame			
STERLING FIN & MGMT INC				82 Si	reet Addre	dress (P.O. Box Number is Not Acceptable)		
1301 SEMINOLE BLVD. SUITE 172				83	.			
	72 FL 34640		Ļ	24 0			low low	<u> </u>
-				84 C	•	 F	LI	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. (NOT	E: Registered	Agent sig	nature required	I when reinstating) DATE	<u> </u>	
12.			13.	13.		ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	PD	DELETE	1.1 111		İ		Change	Addition
NAME	PAPA, GARY 1857 SPUR LANE		1.2 NAI					Ì
STREET ADDRESS CITY-ST-ZIP	PALM HARBOR FL			REET ADDI Y-ST-ZIF				1
TITLE	VD	☐ DELEJE	2.1 TIT			······································	Change	Addition
NAME	CROW, TRAMMEL		2.2 NA	ME	į	-		Į
STREET ADDRESS	541 S ORLANDO AVE #210		2.3 STF	EET ADDI	RESS			
CITY-ST-ZIP	MAITLAND FL STD	DELETE	_	Y-ST-ZI	P		Change	Addition
NAME				3.1 TITLE 3.2 NAME			-1 orange	
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		3.4. CtT	3.4. CITY-ST-ZIP]
TITLE	3		4.1 TITI			,	Change	Addition
NAME			4, 2 NA					
STREET ADDRESS				EET ADDI				
City-St-2iP Title		☐ DELETE	5,1 TITE	Y-ST-ZIF Le			Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 STR	EET AODE	RESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				F-1 (5.75)
TITLE			6.1 ΠTL	1			Change	Addition
NAME			6.2 NAM		vree			1
STREET ADDRESS				EET ADOF Y-ST-ZIP				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	or the exer	nption	stated in S	ection 119.07(3)(i), Florida Statutes. I further	certify that the	information

indicated on this annual report by 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 particulated empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Slock 12 or Block 13 if changes of on an attachment with an address.

SIGNATURE:

JUM TO RECOME

19/98

83)559-040r