

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 025 ****61.25

DOCUMENT # N28128

1. Entity Name
BOOT RANCH NORTH ASSOCIATION, INC.



Principal Place of Business
**720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US**

Mailing Address
**720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677 US**

40068802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008

Chg-NP

CR2E037 (12/06)

4. FEI Number
34-1601288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANNAVINO, INC
720 BROOKER CREEK BLVD. #206
OLDSMAR, FL 34677**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **MARGARIS, SPERO**
STREET ADDRESS **1808 EAGLE TRACE BLVD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **PD** ☐ Delete
NAME **FELTY, BARBARA**
STREET ADDRESS **1797 STABLE TRAIL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **SD** ☐ Delete
NAME **FELDMAN, VICKI**
STREET ADDRESS **2016 EAGLE POINT**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **TD** ☐ Delete
NAME **SMEKAL, RITA**
STREET ADDRESS **1850 LAGO VISTA BLVD**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D** ☒ Delete
NAME **BRUNNER, JOANNE**
STREET ADDRESS **1812 EAGLE TRACE BLVD**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **D** ☒ Delete
NAME **PHILBIN, JOHN**
STREET ADDRESS **1802 EAGLE RIDGE BLVD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **WHITEMAN, HAROLD**
STREET ADDRESS **1786 STABLE TRAIL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Change ☒ Addition
NAME **LITTLE, RONALD**
STREET ADDRESS **1522 LAGO VISTA BLVD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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 empowers.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-08

Date

Daytime Phone #