


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 040 ****61.25

DOCUMENT # N28129 1. Entity Name EAGLE RIDGE AT BOOT RANCH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1050A EAST LAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 US		Mailing Address 1050A EAST LAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677	
City & State Oldsmar, FL 34677		Zip 34677	
Country US		4. FEI Number 34-1601295	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PARKWAY OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677	
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: <u><i>Dominick Scannavino</i></u> DATE: <u>3-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTY, BARBARA 1797 STABLE TRAIL PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, FRED 1634 STABLE TRAIL PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEMAN, HAROLD 1786 STABLE TRAIL PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILBIN, JOHN 1802 EAGLE RIDGE BLVD PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECK, TERRI 1802 STABLE TRAIL PALM HARBOR, FL 34685	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 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: <u><i>Barbara Felty</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-27-07</u> Daytime Phone # _____	

40051835



02222007 Chg-NP CR2E037 (12/06)