

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28129

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** EAGLE RIDGE AT BOOT RANCH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 34-1601295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FELTY, BARBARA  
Address: 1797 STABLE TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete  
Name: RESTREPO, FRED  
Address: 1634 STABLE TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD ( ) Delete  
Name: WHITEMAN, HAROLD  
Address: 1786 STABLE TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

Title: VD ( ) Delete  
Name: PHILBIN, JOHN  
Address: 1802 EAGLE RIDGE BLVD  
City-St-Zip: PALM HARBOR, FL 34685

Title: TD ( ) Delete  
Name: PECK, TERRI  
Address: 1802 STARLE TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KELLOGG, DOUGLAS  
Address: 1826 STABLE TRAIL  
City-St-Zip: PALM HARBOR, FL 34685

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FELTY

PD

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date