

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90276 043 ****61.25

DOCUMENT # N29227

1. Entity Name
**EAGLE WATCH AT BOOT RANCH HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1050A EAST LAKE WOODLANDS PKWY
OLDSMAR, FL 34677 US**

Mailing Address
**1050A EAST LAKE WOODLANDS PKWY
OLDSMAR, FL 34677 US**

50022912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
34-1615603

Applied For
Not Applicable

Zip

Country

Zip

Country

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, DOMINICK
1050A EAST LAKE WOODLANDS PKWY
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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VD ☐ Delete
NAME CARMICHAEL, DAVID
STREET ADDRESS 4174 EAGLE WATCH BLVD.
CITY-ST-ZIP PALM HARBOR, FL 34685

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

TITLE SD ☒ Delete
NAME MCKINNEY, MICHAEL
STREET ADDRESS 1935 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☒ Addition
NAME **SD FELDMAN VICKI**
STREET ADDRESS **12016 EAGLE POINT**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE D ☒ Delete
NAME SLOSBERG, EARL
STREET ADDRESS 4199 EAGLE WATCH BLVD.
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☒ Addition
NAME **D ARMSTRONG, ALAN**
STREET ADDRESS **1874 LAGO VISTA BLVD**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE TD ☐ Delete
NAME BRAUKMAN, JOHN
STREET ADDRESS 1960 LAGO VISTA BLVD.
CITY-ST-ZIP PALM HARBOR, FL 34685

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-05