


405 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90161 005 ****61.25

DOCUMENT # N29228
 1. Entity Name
BOOT RANCH SOUTH ASSOCIATION, INC.



Principal Place of Business Mailing Address
STERLING MGMT **STERLING MGMT**
2880 SCHERER DR SUITE 840 **2880 SCHERER DR SUITE 840**
SAINT PETERSBURG FL 33716 **SAINT PETERSBURG FL 33716**
US **US**



2. Principal Place of Business 3. Mailing Address
2870 Scherer Drive W. *2870 Scherer Drive W.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 *Suite 100*

1st MOORE CR2E037 (10/05)

City & State City & State
St Petersburg FL *St Petersburg FL*
 Zip Country Zip Country
33716 *USA* *33716* *USA*

4. FEI Number **34-1615602** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CIANFORNE PA, JOE
1968 BAYSHORE BLVD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	ALLEN, LAURI	
STREET ADDRESS	1500 SEAGULL DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAUGHAN, ROBIN	
STREET ADDRESS	541 S ORLANDO AVE SUITE 210	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, CORBIN	
STREET ADDRESS	1500 SEAGULL DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *[Signature]* **SEAN GALARRIS Agent for Association** 4/25/06 727-299-9555