

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90317 034 ****61.25

DOCUMENT # N29229

1. Entity Name

**EAGLE TRACE AT BOOT RANCH HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**STERLING MGMT
2880 SCHERER DRIVE SUITE 840
SAINT PETERSBURG FL 33716
US**

Mailing Address

**STERLING MGMT
2880 SCHERER DRIVE SUITE 840
SAINT PETERSBURG FL 33716
US**



2. Principal Place of Business

**2870 Scherer Drive W.
Suite 100**

3. Mailing Address

**2870 Scherer Drive W.
Suite 100**

1st MOORE

CR2E037 (10/05)

City & State

**St Petersburg FL
33716 USA**

City & State

**St Petersburg FL
33716 USA**

4. FEI Number

34-1615595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUDNY, MICHAEL J
BRUDNY AND RABIN, P.A.
28100 US HIGHWAY N, #300
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

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

200 N. Pine Ave Ste A

City

Oldsmar

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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: **TD** ☐ Delete
NAME: **BRUNNER, JOANNE**
STREET ADDRESS: **1812 EAGLE TRACE BLVD**
CITY - ST - ZIP: **PALM HARBOR FL 34685**

TITLE: **TD** ☐ Delete
NAME: **MARGARIS, SPERO**
STREET ADDRESS: **1808 E TRACE BLVD**
CITY - ST - ZIP: **PALM HARBOR FL 34685**

TITLE: **D** ☐ Delete
NAME: **SQUITERO, PAM**
STREET ADDRESS: **1823 EAGLE TRACE BLVD**
CITY - ST - ZIP: **PALM HARBOR FL 34685**

TITLE: **D** ☐ Delete
NAME: **ELLIOT, VERONICA**
STREET ADDRESS: **1841 SPUR LANE**
CITY - ST - ZIP: **PALM HARBOR FL 34685**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY - ST - ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD** ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY - ST - ZIP: ☐ Change ☐ Addition

TITLE: **PD** ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY - ST - ZIP: ☐ Change ☐ Addition

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

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

TITLE: ☐ Change ☒ Addition
NAME: **D**
STREET ADDRESS: **Mel Gauron**
CITY - ST - ZIP: **1828 Eagle trace Blvd
Palm Harbor FL 34685**

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

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: **Spero Margaritis**