FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002714 (3)

1. Corporation Name

THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
5300 SOUTH ORANGE AVE. ORLANDO FL 32809	5300 SOUTH ORANGE AVE. ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3274189 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

BRENNAN, DAVID C
201 E. PINE ST.
SUITE 1402
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Robert S. Harrell
82 Street Address (P.O. Box Number is Not Acceptable): 5300 S. Orange Avenue
83
84 City: Orlando FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director	11 TITLE	☐ Change ☐ Addition
NAME	Robert S. Harrell	12 NAME	
STREET ADDRESS	5300 S. Orange Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809	14 CITY-ST-ZIP	
TITLE	Vice President, Director	21 TITLE	☐ Change ☐ Addition
NAME	Gerald Hardaje	22 NAME	
STREET ADDRESS	5300 S. Orange Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32809	24 CITY-ST-ZIP	
TITLE	Sec./Tres., Director	31 TITLE	☐ Change ☐ Addition
NAME	W. Roger Smith	32 NAME	100001417601
STREET ADDRESS	5300 S. Orange Ave.	33 STREET ADDRESS	-02/28/95--01108--009
CITY-ST-ZIP	Orlando, FL 32809	34 CITY-ST-ZIP	****130.00 ****130.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 407-854-4601 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #