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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002714 (3)**

1. Corporation Name

THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2180 PARK AVENUE NORTH #326 WINTER PARK FL 32789	Mailing Address 2180 PARK AVENUE NORTH #326 WINTER PARK FL 32789
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3. Date Incorporated or Qualified

06/01/1994

4. FEI Number

59-3274189

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

2b
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, BRETT M
2180 PARK AVENUE NORTH
#326
WINTER PARK FL 32789**

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TREULIB, GEORGE	
STREET ADDRESS	9743 RED CLOVER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGRATH, MATT	
STREET ADDRESS	9726 RED CLOVER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, DONNA	
STREET ADDRESS	9712 VIOLET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SAMALA, LISA	
STREET ADDRESS	9748 VIOLET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIFORD, MIKE	
STREET ADDRESS	9847 RED CLOVER AVENUE	
CITY-ST-ZIP	ORLANDO FL 32824	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GOODFRY, ERIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	9519 LUPINE AVE.	
1.3 STREET ADDRESS	ORLANDO, FLORIDA 32824	
1.4 CITY-ST-ZIP		

2.1 TITLE	COLLISON, MICHAEL D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9818 VIOLET DRIVE	
2.3 STREET ADDRESS	ORLANDO, FL 32824	
2.4 CITY-ST-ZIP		

3.1 TITLE	HUCKE, ROGER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1962 TRABERRY CT.	
3.3 STREET ADDRESS	ORLANDO, FL 32824	
3.4 CITY-ST-ZIP		

4.1 TITLE	HUNT, SWIA D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1930 TRABERRY CT.	
4.3 STREET ADDRESS	ORLANDO, FL 32824	
4.4 CITY-ST-ZIP		

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

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

14. 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 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:

George A. Treulib
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-98
Date

Daytime Phone # 0000278

CR2E037 (10/97)