

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90030 008 ****61.25

DOCUMENT # N94000002714

1. Entity Name

THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATIO

Principal Place of Business

Mailing Address

2180 PARK AVENUE NORTH
 #326
 WINTER PARK FL 32789

2180 PARK AVENUE NORTH
 #326
 WINTER PARK FL 32789-2358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 W. NEW ENGLAND AVE.
 Suite, Apt. #, etc.
 SUITE B.

444 W. NEW ENGLAND AVE.
 Suite, Apt. #, etc.
 SUITE B

City & State
 WINTER PARK, FL

City & State
 WINTER PARK, FL

4. FEI Number
 59-3274189

Applied For
 Not Applicable

Zip
 32789 Country
 USA

Zip
 32789 Country
 USA

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

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

Name
 BRETT M. JORDAN
 Street Address (P.O. Box Number is Not Acceptable)
 444 W. NEW ENGLAND AVE
 SUITE B
 City
 WINTER PARK FL Zip Code
 32789

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.

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

BRETT M. JORDAN (NOTE: Registered Agent signature required when reinstating)

3/21/00 DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| 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 checked="" type="checkbox"/> Delete |
| NAME | SMITH, DONNA | |
| STREET ADDRESS | 9712 VIOLET DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32824 | |
| TITLE | A | <input checked="" type="checkbox"/> Delete |
| NAME | GOOFREY, ERING | |
| STREET ADDRESS | 9519 LUPINE AVE | |
| CITY-ST-ZIP | ORLANDO FL 32824 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COULSON, MICHAEL | |
| STREET ADDRESS | 9818 VIOLET DT | |
| CITY-ST-ZIP | ORLANDO FL 32824 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUCKE, ROGER | |
| STREET ADDRESS | 1962 TEABERRY DT | |
| CITY-ST-ZIP | ORLANDO FL 32824 | |

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SADIE NATALE | |
| STREET ADDRESS | 4510 LUPINE AVE | |
| CITY-ST-ZIP | ORLANDO, FL 32824 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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

March 21, 2000 Date Daytime Phone #

CR2E037 (9/99)