2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002714

FILED Apr 28, 2008 Secretary of State

Entity Name: THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

882 JACKSON AVE

WINTER PARK, FL 32789 US

Current Mailing Address: New Mailing Address:

882 JACKSON AVE

WINTER PARK, FL 32789 US

FEI Number: 59-3274189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, MARC 882 JACKSON AVE

WINTER PARK, FL 32789 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 S/T (X) Change () Addition

 Name:
 OSBORN, STAN
 Name:
 HUCKE, ROGER

 Address:
 9519 LUPINE AVENUE
 Address:
 9519 LUPINE AVENUE

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

 NATIALE, SADIE
 NATIALE, SADIE

 Address:
 9510 LUPINE AVE

 City-St-Zip:
 ORLANDO, FL 32824

 City-St-Zip:
 ORLANDO, FL 32824

 $\label{eq:title:definition} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$

 Name:
 COULSON, MICHAEL
 Name:
 COULSON, MICHAEL

 Address:
 9818 VIOLET DT
 Address:
 9818 VIOLET DT

 City-St-Zip:
 ORLANDO, FL 32824
 City-St-Zip:
 ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COULSON PD 04/28/2008