

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002714

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3274189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARC
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HIRSCHFELD, DAWNE
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: DAWNE HIRSCHFELD

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: HUCKE, ROGER
Address: 9519 LUPINE AVENUE
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: NATALE, SADIE
Address: 9510 LUPINE AVE
City-St-Zip: ORLANDO, FL 32824

Title: P () Delete
Name: COULSON, MICHAEL
Address: 9818 VIOLET DT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change () Addition
Name: OZEN, LINDA
Address: 9750 RED CLOVER LANE
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change () Addition
Name: PORTO, NORMA
Address: 9735 LUPINE AVE
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/31/2009

Electronic Signature of Signing Officer or Director

Date