

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90412 037 ****61.25

DOCUMENT # N94000002714

1. Entity Name

THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

Mailing Address

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US**

2. Principal Place of Business

882 JACKSON AVE
Suite, Apt. #, etc.

3. Mailing Address

882 JACKSON AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

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

**JORDAN, BRETT M
444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

882 JACKSON AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **TREULIB, GEORGE**
STREET ADDRESS **9743 RED CLOVER AVENUE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **TD** ☐ Delete
NAME **MCGRATH, MATT**
STREET ADDRESS **9726 RED CLOVER AVENUE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VD** ☐ Delete
NAME **NATALE, SADIE**
STREET ADDRESS **9510 LUPINE AVE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **T** ☐ Delete
NAME **COULSON, MICHAEL**
STREET ADDRESS **9818 VIOLET DT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☐ Delete
NAME **HUCKE, ROGER**
STREET ADDRESS **1982 TEABERRY DT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Natale, Sadie**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sadie Natale **4/17/03** **407-996-9939**

CR2E037 (10/02)