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.	444 W. NEW ENGLAND AVE.
Suite, Apt. #, etc.: SUITE B.	Suite, Apt. #, etc.: SUITE B
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 59-3274189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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] BRETT M. JORDAN 3/21/00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TREULIB, GEORGE 9743 RED CLOVER AVENUE ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGRATH, MATT 9726 RED CLOVER AVENUE ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, DONNA 9712 VIOLET DRIVE ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SADIE NATALE 9510 LUPINE AVE. ORLANDO, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A GOOFREY, ERING 9519 LUPING AVE ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COULSON, MICHAEL 9818 VIOLET DT ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUCKE, ROGER 1962 TEABERRY DT ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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] SIGNATURE REQUIRED March 21, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #