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 ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
444 W NEW ENGLAND AVE SUITE B WINTER PARK FL 32789 US	444 W NEW ENGLAND AVE SUITE B WINTER PARK FL 32789 US

2. Principal Place of Business	3. Mailing Address
882 JACKSON AVE	882 JACKSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
JORDAN, BRETT M 444 W NEW ENGLAND AVE SUITE B WINTER PARK FL 32789	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			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	VD NATALE, SADIE 9510 LUPINE AVE ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Natale, Sadie	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 EO/Sadie Natale 4/7/03 407-996-9939