

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 011 ****61.25

DOCUMENT # N95000002382

1. Entity Name
THE BOULEVARD AT MEADOW WOODS PROPERTY
OWNERS' ASSOCIATION, INC.



Principal Place of Business
550 BILTMORE WAY
#1110
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY
#1110
CORAL GABLES, FL 33134

40088290



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3365926

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHECHTER, ROSA E ESQ
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SERVIANSKY, DAVID
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
CEPERO, VIRGINIA
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
SCHECHTER, ROSA E
550 BILTMORE WAY #1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosa Schechter

4-22-08

(305) 461-2440