## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N95000002382

1. Entity Name

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



Principal Place of Business

Mailing Address

550 BILTMORE WAY

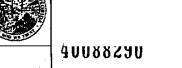
550 BILTMORE WAY #1110

#1110 CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

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

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





01162008 No Chg-NP

CR2E037 (4/06)

 4. FEI Number
 Applied For

 59-3365926
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 explicable (NOTE Registered Agent signature required when renatating)  DATE										
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financia     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS		<del></del>						
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			DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP										
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplier posts and accurate and that my signature shall have the same local effect as if mode under each that I am an efficie as director.										

The early dear the internation supplies will his mind does not quality for the exemptions contained in Chapter 119, included certifying that the 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

KATA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08

(305) 461-2440

Devime Pt