


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State

06-24-2005 90004 019 ****61.25

DOCUMENT # N98000006910 1. Entity Name MEADOWS II AT BOGGY CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9683 HOLLYHILL DRIVE ORLANDO, FL 32824			Mailing Address POST OFFICE BOX 621171 ORLANDO, FL 32862		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3545058	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEITCH, DOUGALD B C/O MAHAFFEY & LEITCH 996 WESTWOOD SQUARE, SUITE 5 OVIEDO, FL 32765			Name Don Asher & Assoc Street Address (P.O. Box Number is Not Acceptable) 52 E. South Street City Orlando		
			FL Zip Code 32801		
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BLANCO, ANGEL 9651 HOLLYHILL DRIVE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORES, RUTH 9715 HOLLYHILL DRIVE ORLANDO, FL 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAEZ, DEREDEE 9663 HOLLYHILL DRIVE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete		TITLE Sec. NAME STREET ADDRESS CITY-ST-ZIP	VALERIE CALHOUN Sec. 9687 HOLLYHILL DR. ORL. FL. 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNO, ROSAIDA 9683 HOLLYHILL DRIVE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete		TITLE Treas. NAME STREET ADDRESS CITY-ST-ZIP	JOHN BAKER 9647 Hollyhill Dr. Orlando, FL 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE Broad member NAME STREET ADDRESS CITY-ST-ZIP	Elior Ayala 9703 Hollyhill Dr. or FL 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE ARB member NAME STREET ADDRESS CITY-ST-ZIP	Jose M. Jimenez 9720 Hollyhill Dr. Orlando FL. 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE Vice Pres. NAME STREET ADDRESS CITY-ST-ZIP	Victor Guadalupe 9743 Hollyhill Dr. Orlando FL. 32824	<input checked="" type="checkbox"/> Addit.		TITLE ARB member NAME STREET ADDRESS CITY-ST-ZIP	Alejandro Gutierrez 9711 Hollyhill Dr. Orlando FL. 32824
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u><i>[Signature]</i></u> Ruth Flores Pres. 6-20-05 407-719-2832 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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