2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N98000006910

Entity Name: MEADOWS II AT BOGGY CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9683 HOLLYHILL DRIVE
ORLANDO, FL 32824

New Principal Place of Business:

9651 HOLLYHILL DRIVE
ORLANDO, FL 32824

Current Mailing Address:

POST OFFICE BOX 621171
ORLANDO, FL 32862

New Mailing Address:

9651 HOLLYHILL DRIVE
ORLANDO, FL 32824

FEI Number: 59-3545058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DON ASHER & ASSOC
52 E SOUTH STREET
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BLANCO, ANGNEL
9651 HOLLYHILL DRIVE
ORLANDO, FL 32824 US

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: ANGNEL BLANCO 01/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLORES, RUTH
Address: 9715 HOLYHILL DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete
Name: CALHOUN, VALERIE
Address: 9687 HOLLYHILL DR
City-St-Zip: ORLANDO, FL 32824

Title: T ( ) Delete
Name: BAKER, JOHN
Address: 9647 HOLLYHILL DR
City-St-Zip: ORLANDO, FL 32824

Title: BM (X) Delete
Name: AYLAZ, ELIDA
Address: 9703 HOLLYHILL DR
City-St-Zip: ORLANDO, FL 32824

Title: BM (X) Delete
Name: JIMENEZ, JOSE M
Address: 9720 HOLLYHILL DR
City-St-Zip: ORLANDO, FL 32824

Title: ARB (X) Delete
Name: GUTIERREZ, ALEJANDO
Address: 9711 HOLLYHILL DR
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BAKER, JOHN
Address: 9647 HOLLYHILL DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: ARB (X) Change ( ) Addition
Name: GUTIERREZ, ALEJANDRO
Address: 9711 HOLLYHILL DRIVE
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH FLORES PD 01/19/2006
Electronic Signature of Signing Officer or Director Date