

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003553

Entity Name: BOYETTE CREEK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1463 OAKFIELD DR.
SUITE 142
BRANDON, FL 33511**Current Mailing Address:**MCNEIL MANAGEMENT SERVICES, INC.
PO BOX 6235
BRANDON, FL 33508-6004 US**FEI Number: 75-3102800****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT, TANKEL P.A.
1022 MAIN ST.
SUITE D
DUNEDIN, FL 34698 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	COBB, BARRY
Address	MCNEIL MANAGEMENT SERVICES, INC. PO BOX 6235
City-State-Zip:	BRANDON FL 33508-6004

Title	D
Name	BAKER, DOUG
Address	MCNEIL MANAGEMENT SERVICES, INC. PO BOX 6235
City-State-Zip:	BRANDON FL 33508-6004

Title	D
Name	MINICK, MATT
Address	MCNEIL MANAGEMENT SERVICES, INC. PO BOX 6235
City-State-Zip:	BRANDON FL 33508-6004

Title	D
Name	DOVEL, THOMAS
Address	MCNEIL MANAGEMENT SERVICES, INC. PO BOX 6235
City-State-Zip:	BRANDON FL 33508-6004

Title	D
Name	KHASIK, DMITRIY
Address	MCNEIL MANAGEMENT SERVICES, INC. PO BOX 6235
City-State-Zip:	BRANDON FL 33508-6004

I hereby 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 all other like empowered.

SIGNATURE: MATT MINICK**DIRECTOR****03/16/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date