2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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9/1/.

FILED
Sep 15, 2004 8:00 am
Secretary of State
09-01-2004 90008 011 ****61.25
04-09-2004 90053 027 ****61.25

Corrected Report

DOCUMENT # N03000002418

1. Entity Name
THE BOXWOOD AT BAYMEADOWS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4915 BAYMEADOWS RD JACKSONVILLE, FL 32217	4915 BAYMEADOWS RD JACKSONVILLE, FL 32217

07092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5455 Highway A1A S. Suite, Apt. #, etc.
City & State	City & State ST Augustine FL 32080
Zip / Country	Zip / Country

4. FEI Number 55-0824812 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, ANNA
4915 BAYMEADOWS RD
JACKSONVILLE, FL 32082

7. Name and Address of New Registered Agent

Name: Marks, Anna
Street Address (P.O. Box Number is Not Acceptable): c/o MAy Management, 5455 Highway A1A S.
City: ST Augustine FL Zip Code: 32080

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD HULSEY, WILLIAM C 4915 BAYMEADOWS RD JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS ALFRED LONG 4915 Baymeadows Rd. #12D JAX FL 32217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAIVE, KENT 4915 BAYMEADOWS RD JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D Dorothy G Budreau 4915 Baymeadows Road # 86B Jacksonville FL 32217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIXON, JAMES M 4915 BAYMEADOWS RD JACKSONVILLE, FL 32217	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D Lloyd D Lemons 4915 Baymeadows Road # 1A Jacksonville FL 32217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Dorothy G Budreau 9-14-04 (904) 461-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

X