
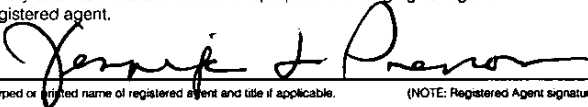
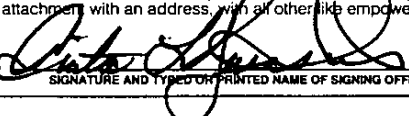


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90181 021 ****61.25

DOCUMENT # N03000002418 1. Entity Name THE BOXWOOD AT BAYMEADOWS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4915 BAYMEADOWS RD JACKSONVILLE, FL 32217			Mailing Address 5455 HIGHWAY A1A SOUTH SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8641 Baypine Rd Stc #1 Jacksonville, FL 32256 Duval			
City & State		City & State		4. FEI Number 55-0824812	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKS, ANNA C/O MAY MANAGEMENT 5455 HIGHWAY A1A SOUTH SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Property Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 8641 Baypine Road Stc #1 Jacksonville FL 32256	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 2/18/05 <small>DATE</small> </div> </div>					
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					
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	David Diehm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONG, ALFRED		NAME	President	
STREET ADDRESS	4915 BAYMEADOWS ROAD, #12D		STREET ADDRESS	1046 Larkspur Loop	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Anita L Yurashus <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUDREAU, DOROTHY G		NAME	Vice President	
STREET ADDRESS	4915 BAYMEADOWS ROAD, #12D		STREET ADDRESS	4915 Baymeadows Road # 3-D	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville FL 32217	
TITLE	VPAD	<input checked="" type="checkbox"/> Delete	TITLE	John Flautt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEMONS, LLOYD D		NAME	Treasurer	
STREET ADDRESS	4915 BAYMEADOWS RD		STREET ADDRESS	4915 Baymeadows Road # 7F	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		<input type="checkbox"/> Delete	TITLE	Tina E. Flanagan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Secretary	
STREET ADDRESS			STREET ADDRESS	4915 Baymeadows Road # 4C	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		<input type="checkbox"/> Delete	TITLE	Lori D Hunt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director	
STREET ADDRESS			STREET ADDRESS	4915 Baymeadows Road # 9H	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville FL 32217	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					