

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90029 007 ****70.00

DOCUMENT # N03000002418					
1. Entity Name THE BOXWOOD AT BAYMEADOWS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4915 BAYMEADOWS RD JACKSONVILLE, FL 32217			Mailing Address P.O. BOX 600713 JACKSONVILLE, FL 32260		
2. Principal Place of Business - No P.O. Box # 786 Blanding Blvd		3. Mailing Address 786 Blanding Blvd			
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc. Suite 118		01072008 Chg-NP CR2E037 (12/06)	
City & State Orange Park FL		City & State Orange Park, FL		4. FEI Number 55-0824812	
Zip 32065		Zip 32065		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERCER PROPERTY MANAGEMENT COMPANY, LLC 11512 LAKE MEAD - SUITE 405 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name: Alan Perry Street Address (P.O. Box Number is Not Acceptable): 786 Blanding Blvd Suite 118 City: Orange Park FL Zip Code: 32065		
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: Jan 08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P NAME THORNE, ELLEN E STREET ADDRESS 4915 BAYMEADOWS RD # 1B CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE P NAME John Flautt STREET ADDRESS 4915 Baymeadows Rd # 7F CITY-ST-ZIP Jacksonville FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MURPHY, JIM STREET ADDRESS 4915 BAYMEADOWS RD #5E CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DOC MOYLAN STREET ADDRESS 4915 Baymeadows Rd CITY-ST-ZIP JACKSONVILLE FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME LONG, BRAD STREET ADDRESS 4915 BAYMEADOWS RD #12D CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Wilma L'Engle STREET ADDRESS 4915 Baymeadows Rd # 2 B CITY-ST-ZIP Jacksonville FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME FLANAGAN, TINA E STREET ADDRESS 4915 BAYMEADOWS RD #4C CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE T NAME Lisa Boyles STREET ADDRESS 4915 Baymeadows Rd # 7B CITY-ST-ZIP Jacksonville FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPSP NAME REGISTER, KIM STREET ADDRESS 4915 BAYMEADOWS RD #11F CITY-ST-ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE S NAME FAYE CARNEY STREET ADDRESS 4915 Baymeadows Rd # 6E CITY-ST-ZIP Jacksonville FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			1-7-08		904-262-1000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>