

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002418

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

786 BLANDING BLVD
SUITE 118
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

786 BLANDING BLVD
SUITE 118
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 55-0824812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, ALAN
786 BLANDING BLVD
SUITE 118
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLAUT, JOHN
Address: 4915 BAYMEADOWS RD #7F
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: MOYLAN, DOC
Address: 4915 BOYMEADOWS RD #3B
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: ENGLE, WILMA L
Address: 4915 BAYMEADOWS RD #2B
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: BOYLES, LISA
Address: 4915 BOYMEADOWS RD #7B
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: CARNEY, FAY
Address: 4915 BOYMEADOWS RD #6E
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: MOYLAN, DOC
Address: 4915 BOYMEADOWS RD #3B
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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

Title: D () Change (X) Addition
Name: KAYSER, PAUL
Address: 4915 BAYMEADOWS RD. #10B
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information supplied with this filing does not qualify 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: ALAN PERRY

RA

02/17/2009

Electronic Signature of Signing Officer or Director

Date