

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002418

FILED  
Feb 14, 2012  
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: PD  
Name: FLAUTT, JOHN  
Address: 786 BLANDING BLVD  
City-St-Zip: ORANGE PARK, FL 32065

Title: TD  
Name: MOYLAN, PATRICK B  
Address: 786 BLANDING BLVD STE.118  
City-St-Zip: ORANGE PARK, FL 32065

Title: VP  
Name: L'ENGLE, WILMA L  
Address: 786 BLANDING BLVD STE.118  
City-St-Zip: ORANGE PARK, FL 32065

Title: D  
Name: KEYSER, PAUL  
Address: 786 BLANDING BLVD STE.118  
City-St-Zip: ORANGE PARK, FL 32065

Title: SD  
Name: CARNEY, CAROLYN F  
Address: 786 BLANDING BLVD STE.118  
City-St-Zip: ORANGE PARK, FL 32065

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: ALAN PERRY

RA

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date