## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Aug 02, 2007 8:00 am Secretary of State

08-02-2007 90013 048 \*\*\*\*61.25

DOCUMENT # N05000006344  1. Entity Name BOXXWOOD HOMEOWNERS ASSOCIATION, INC.					-02-2007 9001	3 048 ****61	.25
Principal Plac 108 INDUSTI ORANGE PAR		Mailing Address 108 INDUSTRIAL LOOP N ORANGE PARK, FL 32073		4012	III)		141Ba 21 ABBI
2. Principal P 3789	lace of Business - No P.O. Box # Bedford Drive	3. Mailing Address 3789 Bed for	d Orive				
Suite, Apt.		Suite, Apt. #, etc.		07272007 Ch	g-NP CR	2E037 (12/06)	
Middl Middl	Lanca Later de		lorida	4. FEI Number 74-3116649	9		oplied For ot Applicable
<sup>Zip</sup> 3Z	S CUS	32068	U S	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Addr	ess of New Registe	red Agent	
SANTORO	THOMAS	Name Tr	Name Joseph McCain				
SANTORO, THOMAS C 1700 WELLS RD SUITE 5			Street Address	(P.C. Box Number is N	ot Associable)		
ORANGE PARK, FL 32073			3789	Bedford		·	
	·	Middle	burg F	L.			
			City	70.0		FL Zip Code	e 668
	named entity submits this statement for	the purpose of changing its regist	ered office or registe	ered agent, or both, in t	he State of Florida.		
the obligat	ions of registered agent.			^		1 .	
	11/00 -			Presiden.	L ~	1/27/2	
SIGNATURE .	Ma Me-				<u>'                                      </u>	12101	
Signalure, typed or printed name of registered agent and title if applicable (NO1E, Registered Agent signature required when reinstating)  DATE							
Filing Fee is \$61.25 9. Election Campaig  Due by September 14, 2007 Trust Fund Contril				\$5.00 May Be Added to Fees		heck payable to	
						•	
10.	OFFICERS AND DIR		1.	ADDITIONS/CHANGE	S TO OFFICERS AN		
TITLE			IILE Pre	sident,	α·· -	🗖 Change	Addition
STREET ADDRESS			TREET ADDRESS 370	seph McC 39 Bedford	CON OCIVA		
CITY-ST-ZIP			ITY-ST-7IP	idle burg, th	27060		
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NAME			ME YICE	eman Muss	leh	Change	☐ Addition
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			ITY-ST-ZIP	30 Bed for		~CV	
		c.	ITY-ST-ZIP MI	dele burg,	7L 3206	- '-1 -	A a about
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NAME STREET ADDRESS CITY-SI-ZIP		Delete II	TRE  TRE  WA  ITY-ST-ZIP  TLE  SCO	ddie burg, seasurer nda Irizai 174 Bedfo ddie burg, cretary.	7L 3206 rry rd Drive 7L 3200	- '-1 -	Addition
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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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CHY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

THILE

NAME

TITLE

NAME

(esident A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Addition

Addition

Change

Change