


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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.	

Principal Place of Business 108 INDUSTRIAL LOOP N ORANGE PARK, FL 32073	Mailing Address 108 INDUSTRIAL LOOP N ORANGE PARK, FL 32073
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2. Principal Place of Business - No P.O. Box # 3789 Bedford Drive	3. Mailing Address 3789 Bedford Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Middleburg, Florida	City & State Middleburg, Florida
Zip 32068	Zip 32068
Country US	Country US

07272007 Chg-NP CR2E037 (12/06)

4. FEI Number 74-3116649	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANTORO, THOMAS C 1700 WELLS RD SUITE 5 ORANGE PARK, FL 32073
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7. Name and Address of New Registered Agent Name Joseph McCain Street Address (P.O. Box Number is Not Acceptable) 3789 Bedford Drive Middleburg FL City Middleburg FL Zip Code 32068

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 Joseph McCain President 7/27/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Joseph McCain President 07/27/07 904 509-4359
Signature and typed or printed name of signing officer or director Date Daytime Phone #