

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N08362** (8)
 1. Corporation Name
BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5063 MEADOW LARK LN
 TALLAHASSEE FL 32303**

Mailing Address
**P.O. BOX 4051
 TALLAHASSEE FL 32315-4051**

3. Date Incorporated or Qualified **03/26/1985**
 3a. Date of Last Report **08/10/1995**

4. FEI Number **59-3044177**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 **6985 Red Gum CT**
 Suite, Apt. #, etc.
 22

2a. Mailing Address
 26 **P.O. Box 4051**
 Suite, Apt. #, etc.
 27

City & State
 23 **TALLAHASSEE FL**
 Zip Country
 24 **32303** 25 **USA**

City & State
 28 **TALLAHASSEE FL**
 Zip Country
 29 **32315** 30 **USA**

9. Name and Address of Current Registered Agent
**KINLAW, GREG
 5063 MEADOW LARK LN
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
 81 Name **DANA WHITE**
 82 Street Address (P.O. Box Number is Not Acceptable)
6985 Red Gum CT
 83
 84 City **TALLAHASSEE** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DANA WHITE** *Dana White* **6-25-96**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, RICHARD	
STREET ADDRESS	5036 BOXWOOD LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERT, NANCY	
STREET ADDRESS	5075 MEADOWLARK LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVANS, PHYLLIS	
STREET ADDRESS	5089 MEADOW LARK LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, TIM	
STREET ADDRESS	5098 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARAMORE, VIVIAN	
STREET ADDRESS	5198 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM ARMSTRONG	
1.3 STREET ADDRESS	RED GUM CT	
1.4 CITY-ST-ZIP	TALLAHASSEE	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Signature)* **6-25-96** **2983840**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)