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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
6985 RED GUM CT  
TALLAHASSEE FL 32303  
US

Mailing Address  
P.O. 4051  
TALLAHASSEE FL 32315  
US

3. Date incorporated or Qualified  
03/26/1985

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 EDWARD HILL  
Suite, Apt. #, etc.  
22 6988 RED GUM CT.  
City & State  
23 TALLAHASSEE, FLA.  
Zip  
24 32303  
Country  
25 US

2a. Mailing Address  
26 P.O. Box 4051  
Suite, Apt. #, etc.  
27  
City & State  
28 TALLAHASSEE  
Zip  
29 FLA  
Country  
30 US.

9. Name and Address of Current Registered Agent  
WHITE, DANA  
6985 RED GUM CT  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent  
81 Name EDWARD HILL  
82 Street Address (P.O. Box Number is Not Acceptable)  
6998 RED GUM COURT  
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 *Edward F. Hill President* Edward F. Hill 3-1-98  
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	ARMSTRONG, TOM	
STREET ADDRESS	RED GUM CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HICKEY, LORI	
STREET ADDRESS	5086 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, PHYLLIS	
STREET ADDRESS	5089 MEADOW LARK LN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLENDER, BECKY	
STREET ADDRESS	5025 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, CYNTHIA	
STREET ADDRESS	6952 CRYSTAL BROOK CT	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARD HILL	
1.3 STREET ADDRESS	6988 RED GUM CT.	
1.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEENE JOHNSON.	
2.3 STREET ADDRESS	5098 BOXWOOD LANE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
3.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS E. ARMSTRONG	
3.3 STREET ADDRESS	6987 RED GUM COURT.	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edward F. Hill President* 3-1-98 850-514-2604

CP2E037 (10/97)