

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90091 049 ****61.25

200106

DOCUMENT # N08362

1. Entity Name

BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CHARLES J. WRIGHT
 5135 BOXWOOD LANE
 TALLAHASSEE FL 32303
 US

P.O. BOX 180278
 TALLAHASSEE FL 32318

2. Principal Place of Business

40 EARL T. COOPER.

3. Mailing Address

5151 BOXWOOD LANE

Suite, Apt. #, etc.

5151 BOXWOOD LANE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

TALLAHASSEE, FLA.

City & State

4. FEI Number

59-3044177

Applied For

Not Applicable

Zip

32303

Country

U.S.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, CHARLES J~~
~~5135 BOXWOOD LANE~~
~~TALLAHASSEE FL 32303~~

Name

EARL T. COOPER

Street Address (P.O. Box Number is Not Acceptable)

5151 BOXWOOD LANE

City

TALLAHASSEE

FL

Zip Code

32303

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.

SIGNATURE Earl T. Cooper (Earl T. Cooper) 2-21-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, CHARLES J	
STREET ADDRESS	5135 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COOPER, EARL T	
STREET ADDRESS	5151 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SEVERE, ELIZABETH	
STREET ADDRESS	5057 BOXWOOD COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, EARL T.	
STREET ADDRESS	5151 BOXWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, THOMAS E.	
STREET ADDRESS	6987 RED GUM COURT	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, CYNTHIA	
STREET ADDRESS	6992 CRYSTAL BROOK COURT.	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM PRATER	
STREET ADDRESS	6993 RED GUM COURT	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT RICHARDSON	
STREET ADDRESS	5059 MEADOWLARK LANE	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN PACE	
STREET ADDRESS	6857 PROCTOR RD	
CITY-ST-ZIP	TALLAHASSEE, FLA 32308	

12. 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 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: Earl T. Cooper Earl T. Cooper 2-21-02 514-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)