


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08362**  
 1. Entity Name  
**BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**C/O EARL T COOPER**      **P.O. BOX 180278**  
**5151 BOXWOOD LANE**      **TALLAHASSEE, FL 32318**  
**TALLAHASSEE, FL 32303**      **US**

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-NP      CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent  
**COOPER, EARL T**  
**5151 BOXWOOD LANE**  
**TALLAHASSEE, FL 32303**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	RICHARDSON, WALT
STREET ADDRESS	4049 MEADOWLAKE LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	SD
NAME	ARMSTRONG, THOMAS E
STREET ADDRESS	6987 RED GUM CT
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	TD
NAME	HARPER, CYNTHIA
STREET ADDRESS	6992 CRYSTAL BROOK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	PRATER, JIM
STREET ADDRESS	6993 RED GUM CT
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	PACE, JAAN
STREET ADDRESS	6857 PROCTOR RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/22/04-80086-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 - President      *Earl T. Cooper*      4-19-04      514-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #