


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 050 ****61.25

DOCUMENT # N08362					
1. Entity Name BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O EARL T COOPER 5151 BOXWOOD LANE TALLAHASSEE, FL 32303 US			Mailing Address P.O. BOX 180278 TALLAHASSEE, FL 32318		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3044177	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COOPER, EARL T 5151 BOXWOOD LANE TALLAHASSEE, FL 32303			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDSON, WALT 4049 MEADOWLAKÉ LANE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Armstrong, Thomas E. 6987 Red Gum Ct. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, THOMAS E 6987 RED GUM CT TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cooper, Earl T. 5151 Boxwood Ln. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARPER, CYNTHIA 6992 CRYSTAL BROOK CT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wright Charles 5135 Boxwood Ln. Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATER, JIM 6993 RED GUM CT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACE, JOAN 6857 PROCTOR RD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PACE, JOAN 6857 PROCTOR RD. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Earl T. Cooper</i>			Date: <i>4-18-05</i> Daytime Phone #: <i>(850) 514-5360</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		