

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08362

FILED
Apr 23, 2009
Secretary of State

Entity Name: BOXWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O EARL T COOPER
5151 BOXWOOD LANE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180278
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 59-3044177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, EARL T
5151 BOXWOOD LANE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: RICHARDSON, WALT
Address: 4049 MEADOWLAKE LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD () Delete
Name: ARMSTRONG, THOMAS E
Address: 6987 RED GUM CT
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: COOPER, EARL T
Address: 5151 BOXWOOD LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WRIGHT, CHARLES
Address: 5135 BOXWOOD LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: PACE, JAAN
Address: 6857 PROCTOR RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL T. COOPER

Electronic Signature of Signing Officer or Director

MR.

04/23/2009

Date