

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90234 040 \*\*\*\*61.25

**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

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address 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  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent.**

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

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, WALT	
STREET ADDRESS	5059 MEADOWLARK LN.	
CITY-ST-ZIP	TALLAHASSEE, FLA. 32303	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, THOMAS E.	
STREET ADDRESS	6987 RED GUM CT.	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303	
TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, CYNTHIA	
STREET ADDRESS	6992 CRYSTAL BROOK CT.	
CITY-ST-ZIP	TALLAHASSEE, FLA 32303.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *ESIGNATURE REQUIRED* **Earl T. Cooper 3-12-03 201-8190**

CR2E037 (10/02)