

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739829

FILED  
May 09, 2006  
Secretary of State

**Entity Name:** BOXWOOD TERRACE ASSOCIATION, INC.

**Current Principal Place of Business:**

4215 SOUTH OCEAN BLVD.  
HIGHLAND BCH, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

4215 SOUTH OCEAN BLVD.  
HIGHLAND BCH, FL 33487 US

**New Mailing Address:**

**FEI Number:** 59-1781242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HANSEN, NORMAN  
4215 S OCEAN BLVD #9  
HIGHLAND BCH, FL 33487 US

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: D ( ) Delete  
Name: KELLEY, GORDON  
Address: 4215 S OCEAN BLVD #10  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D ( ) Delete  
Name: PATEK, BOB  
Address: 4215 S OCEAN BLVD # 8  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: PD ( ) Delete  
Name: HANSEN, NORMAN  
Address: 4215 S OCEAN BLVD #9  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VP ( ) Delete  
Name: ANDERSON, OLIVE  
Address: 4215 S. OCEAN BLVD. #14  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D ( ) Delete  
Name: LIONS, JACOB  
Address: 4215 S OCEAN BLVD #15  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S ( ) Delete  
Name: SCHMIDT, DENISE  
Address: 4215 S. OCEAN BLVD #6  
City-St-Zip: HIGHLAND BEACH, FL 33487

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORM HANSEN

PRES

05/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date