

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739829

(0)

1. Corporation Name

BOXWOOD TERRACE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4215 SOUTH OCEAN BLVD.  
STE 15  
HIGHLAND BCH FL 33487  
US

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STE 15  
HIGHLAND BCH FL 33487  
US

3. Date Incorporated or Qualified

08/04/1977

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1781242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, ROBERT J  
4215 S OCEAN BLVD #15  
HIGHLAND BCH FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Robert J. Blake*

*Robert J. Blake Pres*

5-08-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, GORDEN	
STREET ADDRESS	4215 S OCEAN BLVD #10	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ETNER, RICHARD	
STREET ADDRESS	4215 S OCEAN BLVD #8	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, NORMAN	
STREET ADDRESS	4215 S OCEAN BLVD #7	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAKE, ROBERT	
STREET ADDRESS	4215 S OCEAN BLVD #15	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANDERSEN, JAS E	
STREET ADDRESS	4215 SOUTH OCEAN BLVD #14	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert J. Blake*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-08-96

Date

407-272-6881

Daytime Phone #

CR2E037 (12/95)