

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

3. Date Incorporated or Qualified: **08/04/1977**
3a. Date of Last Report: **03/02/1995**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
BLAKE, ROBERT J
4215 S OCEAN BLVD #15
HIGHLAND BCH FL 33487

10. Name and Address of New Registered Agent
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* (Signature, typed or printed name of registered agent and title if applicable) *Robert J. Blake Pres* (NOTE: Registered Agent signature required when reinstating) **5-08-96** 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **407-272-6989** Daytime Phone #

CR2E037 (12/95)