

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 6/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1977	3a. Date of Last Report 03/13/1996
4. FEI Number 59-1781242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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* DATE *7/27/97*

(NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 REQUIRED *7/27/97*

CR2E037 (4/97)