SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Aug 04 1997 8:00am

ANNU	JAL REPORT 1997	Secretary of Division of Col	f State	Secreta	ry of State
1	MENT # 739829	` '			
BOXWO	OOD TERRACE ASSOCIATION	DN, INC.		1 300m (TD00 (11)0 (010) 1000 (14)0 (all siam atsi arbu krait kata seperabi
Principal Plac	e of Business	Mailing Address		1 (40)(0 40000 1(4)(0 14)(0 (4)(0 (18)(0 1	uni arait atau aikin dian atak Aisif ikas
4215 SOUTH OCEAN BLVD. 4215 SOUTH OCEAN BLVD. STE 15					
STE 15 Highland BCH FL 33487		HIGHLAND BCH FL 33487 US		DO NOT WRITE	
US				3. Date Incorporated or Qualified 08/04/1977	3a. Date of Lest Report 03/13/1996
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number 59-1781242	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has pale	
24 25 29 30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
BLAVE I	AAAPAT I				
	BLAKE, ROBERT J 4215 S OCEAN BLVD #15			ess (P.O. Box Number is Not Acceptab	le)
			83		
l L			84 City		85 Zip Code
	,				FL
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 further with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I a	m tamiliar with, and accorpt the obliga	ations of, Section 617.0503, Florid	a Statutes.	•	フノファンレー
SIGNATURE	Signature, typed or printed namy of egistered age	nt and title if applicable. (NOTE: Re	gistered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	KELLEY, GORDEN 4215 S OCEAN BLVD #10		1.2 NAME 1.3 STREET ADDRESS		,
CITY-ST-ZIP	HIGHLAND BCH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ETNER, RICHARD		2.2 NAME		Ì
STREET ADDRESS	4215 S OCEAN BLVD #8		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIGHLAND BCH FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME :	D Hansen, Norman	LI DELETE	3.2 NAME		C cuaido C Multion
STREET ADDRESS	4215 S OCEAN BLVD #7		3.3 STREET ADDRESS		.]
CITY-ST-ZIP	HIGHLAND BCH FL		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		Change Addition
NAME	BLAKE, ROBERT		4. 2 NAME		
STREET ADORESS	4215 S OEAN BLVD #15		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL VPD	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	ANDERSEN, JAS E		5.2 NAME		
STREET ADDRESS	4215 S OCEAN BLVD #14		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELÉTE	6.1 TITLE	_ :=	☐ Change ☐ AddItion
NAME		i	6.2 NAME		
STREET ADDRESS	i		6.3 STREET ADDRESS		

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.