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**May 06, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 739829

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/04/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1781242	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

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			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, GORDEN			1.2 NAME			
STREET ADDRESS	4215 S OCEAN BLVD #10			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETNER, RICHARD			2.2 NAME			
STREET ADDRESS	4215 S OCEAN BLVD #8			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, NORMAN			3.2 NAME	HANSEN, NORMAN		
STREET ADDRESS	4215 S OCEAN BLVD #7			3.3 STREET ADDRESS	4215 S. Ocean Blvd #9		
CITY-ST-ZIP	HIGHLAND BCH FL			3.4 CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKE, ROBERT			4.2 NAME	BLAKE, ROBERT		
STREET ADDRESS	4215 S OCEAN BLVD #15			4.3 STREET ADDRESS	4215 S. Ocean Blvd #15		
CITY-ST-ZIP	HIGHLAND BEACH FL			4.4 CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSEN, JAS E			5.2 NAME	ANDERSEN, JAMES		
STREET ADDRESS	4215 S OCEAN BLVD #14			5.3 STREET ADDRESS	4215 S. Ocean Blvd #14		
CITY-ST-ZIP	HIGHLAND BEACH FL			5.4 CITY-ST-ZIP	Highland Beach, FL 33487		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Jo Ellen Desalvo		
STREET ADDRESS				6.3 STREET ADDRESS	4215 S. Ocean Blvd #6		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Highland Beach, FL 33487		

14. I hereby certify that the information supplied with this filing does not qualify for the information 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, with all other like empowered.

SIGNATURE: *Jo Ellen Desalvo* / Secretary 4-26-99 847/364-6224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)