

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739829

1. Entity Name

BOXWOOD TERRACE ASSOCIATION, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90349 024 ****61.25

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 33487-4223 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1781242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAKE, ROBERT J 4215 S OCEAN BLVD #15 HIGHLAND BCH FL 33487
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, GORDEN 4215 S OCEAN BLVD #10 HIGHLAND BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESAIVO, JO ELLEN 4215 S OCEAN BLVD #6 HIGHLAND BEACH FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, NORMAN 4215 S OCEAN BLVD #9 HIGHLAND BEACH FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, ROBERT 4215 S OCEAN BLVD #15 HIGHLAND BEACH FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSEN, JAS E 4215 S OCEAN BLVD #14 HIGHLAND BEACH FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN SHEPARD 4215 S. Ocean Blvd #5 Highland Beach, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB PATEK 4215 S. Ocean Blvd. #8 Highland Beach, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ellen Desalvo / Secretary 4-28-00 8471364-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASUROR Date Daytime Phone #

CR2E037 (9/99)