

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

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

DOCUMENT # 739829

1. Entity 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 33487-4223 US
--	---



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1781242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAKE, ROBERT J
4215 S OCEAN BLVD #15
HIGHLAND BCH FL 33487

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. 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 DESAIVO, JO ELLEN	
STREET ADDRESS 4215 S OCEAN BLVD #6	
CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE PD	<input type="checkbox"/> Delete
NAME HANSEN, NORMAN	
STREET ADDRESS 4215 S OCEAN BLVD #9	
CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE TD	<input type="checkbox"/> Delete
NAME BLAKE, ROBERT	
STREET ADDRESS 4215 S OCEAN BLVD #15	
CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE VD	<input type="checkbox"/> Delete
NAME ANDERSEN, JAS E	
STREET ADDRESS 4215 S OCEAN BLVD #14	
CITY-ST-ZIP HIGHLAND BEACH FL 33487	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LYNN SHEPARD	
STREET ADDRESS 4215 S. Ocean Blvd #5	
CITY-ST-ZIP Highland Beach, FL 33487	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOB PATAK	
STREET ADDRESS 4215 S. Ocean Blvd. #8	
CITY-ST-ZIP Highland Beach, FL 33487	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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** **0471364-6224**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASUROR** Date Daytime Phone #

CR2E037 (9/99)