

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739829

1. Entity Name

BOXWOOD TERRACE ASSOCIATION, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90174 027 ****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
 US

910324

2. Principal Place of Business

4215 South Ocean Blvd.

3. Mailing Address

4215 South Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Highland Beach, FL

City & State

Highland Beach, FL

4. FEI Number

59-1781242

Applied For

Not Applicable

Zip
 33487

Country
 US

Zip
 33487

Country
 US

5. Certificate of Status Desired ☐

\$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

Norman Hansen

Street Address (P.O. Box Number is Not Acceptable)

4215 S. Ocean Blvd, #9

City

Highland Beach

FL

Zip Code

33487

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

Joellen Desalvo
 Signature, typed or printed name of registered agent and title if applicable.

For Norman Hansen President

Joellen Desalvo Secretary/Treasurer 4-29-01

(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 D ☐ Delete
 NAME KELLEY, GORDEN
 STREET ADDRESS 4215 S OCEAN BLVD #10
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE D ☐ Delete
 NAME PATCK, BOB
 STREET ADDRESS 4215 S OCEAN BLVD # 8
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE PD ☐ Delete
 NAME HANSEN, NORMAN
 STREET ADDRESS 4215 S OCEAN BLVD #9
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE TD ☒ Delete
 NAME BLAKE, ROBERT
 STREET ADDRESS 4215 S OCEAN BLVD #15
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE VD ☐ Delete
 NAME ANDERSEN, JAS E
 STREET ADDRESS 4215 S OCEAN BLVD #14
 CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T/S/D ☐ Change ☒ Addition
 NAME Desalvo, Joellen
 STREET ADDRESS 4215 S. Ocean Blvd #6
 CITY-ST-ZIP Highland Beach, FL 33487

TITLE D ☐ Change ☒ Addition
 NAME Andersen, Olive
 STREET ADDRESS 4215 S. Ocean Blvd, #14
 CITY-ST-ZIP Highland Beach, FL 33487

TITLE D ☐ Change ☒ Addition
 NAME Lynn Shepard
 STREET ADDRESS 4215 S. Ocean Blvd.
 CITY-ST-ZIP Highland Beach, FL 33487

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Joellen Desalvo
 Joellen Desalvo/Sec/Treas 4-29-01 8471364-6224

CR2E037 (10/00)