## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#739829**

FILED May 05, 2005 Secretary of State

Entity Name: BOXWOOD TERRACE ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
	JTH OCEAN BLVD. D BCH, FL 33487 US	
1101127414	B B S 11, 1 2 00 101 00	
Current N	Nailing Address:	New Mailing Address:
	JTH OCEAN BLVD. D BCH, FL 33487 US	
	r: 59-1781242 FEI Number Applied For ( nce with s. 607.193(2)(b), F.S., the corporation	
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
4215 S O	NORMAN CEAN BLVD #9 D BCH, FL 33487 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: Electronic Signature of Registere	d Agent Date
OEEICED	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:
Title: Name: Address: City-St-Zip:	D ( ) Delete KELLEY, GORDEN, 4215 S OCEAN BLVD #10 HIGHLAND BEACH, FL 33487	Title: D (X) Change() Addition Name: KELLEY, GORDON Address: 4215 S OCEAN BLVD #10 City-St-Zip: HIGHLAND BEACH, FL 33487
Name: Nddress:	D ( ) Delete PATEK, BOB 4215 S OCEAN BLVD # 8 HIGHLAND BEACH, FL 33487	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Fitle: Name: Address:	PATEK, BOB	Name:
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	PATEK, BOB 4215 S OCEAN BLVD # 8 HIGHLAND BEACH, FL 33487  PD () Delete HANSEN, NORMAN 4215 S OCEAN BLVD #9	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	PATEK, BOB 4215 S OCEAN BLVD # 8 HIGHLAND BEACH, FL 33487  PD () Delete HANSEN, NORMAN 4215 S OCEAN BLVD #9 HIGHLAND BEACH, FL 33487  D () Delete ANDERSON, OLIVE 4215 S. OCEAN BLVD. #14	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: VP (X) Change ( ) Addition Name: ANDERSON, OLIVE Address: 4215 S. OCEAN BLVD. #14

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN HANSEN PD 05/05/2005