

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739829

FILED
Jul 17, 2007
Secretary of State

Entity Name: BOXWOOD TERRACE ASSOCIATION, INC.

Current Principal Place of Business:

4215 SOUTH OCEAN BLVD.
HIGHLAND BCH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4215 SOUTH OCEAN BLVD.
HIGHLAND BCH, FL 33487 US

New Mailing Address:

FEI Number: 59-1781242 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HANSEN, NORMAN
4215 S OCEAN BLVD #9
HIGHLAND BCH, FL 33487 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLEY, GORDON
Address: 4215 S OCEAN BLVD #10
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D () Delete
Name: PATEK, BOB
Address: 4215 S OCEAN BLVD # 8
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: PD () Delete
Name: HANSEN, NORMAN
Address: 4215 S OCEAN BLVD #9
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VP (X) Delete
Name: ANDERSON, OLIVE
Address: 4215 S. OCEAN BLVD. #14
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D () Delete
Name: LIONS, JACOB
Address: 4215 S OCEAN BLVD #15
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S () Delete
Name: SCHMIDT, DENISE
Address: 4215 S. OCEAN BLVD #6
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LIONS, JACOB
Address: 4215 S OCEAN BLVD #15
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NORM HANSEN

PRES

07/17/2007

Electronic Signature of Signing Officer or Director

Date