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Apr 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721378 (8)

1. Corporation Name

LOXAHATCHEE GROVES LANDOWNERS ASSOCIATION

Principal Place of Business	Mailing Address
P.O. BOX 96 LOXAHATCHEE FL 33470 US	P.O. BOX 96 LOXAHATCHEE FL 33470 US

3. Date Incorporated or Qualified: 07/20/1971

4. FEI Number: 59-2350906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CSTIGLIONE, DEBORAH
3065 "C" RD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name: DIANA LONGHURST
82 Street Address (P.O. Box Number Is Not Acceptable): 14781 GRUBER LN.
83
84 City: LOXAHATCHEE FL 85 Zip Code: 33470

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Diana Longhurst DIANA LONGHURST 4/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	BROWNING, DAVE		1.2 NAME		
STREET ADDRESS	3056D RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	LOUDA, BILL		2.2 NAME		
STREET ADDRESS	1300 E. ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	VP	☑ Change ☐ Addition
NAME	MILLER, RITA		3.2 NAME		
STREET ADDRESS	15077 SCOTT PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE	T	☐ Change ☑ Addition
NAME	CASTIGLIONE, DEBORAH		4.2 NAME	DIANA LONGHURST	
STREET ADDRESS	3065 "C" RD		4.3 STREET ADDRESS	14781 GRUBER LN.	
CITY-ST-ZIP	LOXAHATCHEE FL		4.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	SCHIOLA, FRANK		5.2 NAME		
STREET ADDRESS	PO BOX 2503 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	ELLE GLADE FL		5.4 CITY-ST-ZIP	BELLE GLADE, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SACOULAS, JERRY		6.2 NAME		
STREET ADDRESS	1880 "B" RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diana Longhurst DIANA LONGHURST 4/22/98 561 793-3274

Additional Officer:

S
DARLENE CRAWFORD
3057 E RD.
LOXAHATCHEE, FL 33470