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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721378

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

2. Principa Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
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

9. Name and Address of Current Registered Agent

LONGHURST, DIANA
14781 GRUEBER LN
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWNING, DAVE		1.2 NAME	UDELL, JAMES A.	
STREET ADDRESS	3056D RD		1.3 STREET ADDRESS	2893 E Rd	
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY-ST-ZIP	Loxhatchee, FL 33470	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ 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	VP	☐ DELETE	3.1 TITLE		☐ 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	LONGHURST, DIANA		4.2 NAME	BIRDSONG, PAULA	
STREET ADDRESS	14781 GRUBER LN		4.3 STREET ADDRESS	1299 B Rd	
CITY-ST-ZIP	LOXAHATCHEE FL 33470		4.4 CITY-ST-ZIP	Loxhatachee, FL 33470	
TITLE	D	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	SCHIOLA, FRANK		5.2 NAME		
STREET ADDRESS	PO BOX 2503 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 4/26/99 (561) 478-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #