5/28

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State
05-28-2002 91781 032 ****61.25

DOCUMENT # 721378

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOAN SHEWMAKE 3764 B ROAD LOXAHATCHEE FL 33470	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKS, ROY 14900 NORTH RD. LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT WILLIAM LOUDA 1300 E ROAD LOXAHATCHEE FL 33470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLSCHLAG, LOIS 14717 BUNNY LANE LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT MARGE HERZOG 966 A ROAD LOXAHATCHEE FL 33470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GURNEY, WILLIAM 1453 EAST ROAD LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY RITA MILLER 15077 SCOTT PL LOXAHATCHEE FL 33470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALLSCHLAG, LOIS 14717 BUNNY LANE LOXAHATCHEE FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREASURER JOAN SHEWMAKE 3764 B ROAD LOXAHATCHEE FL 33470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, RITA 15077 SCOTT PLACE LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T 69T Rt Arms Roy Parks 14900 North Rd LOXAHATCHEE FL 33470	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOUDA, WILLIAM 1300E ROAD LOXAHATCHEE FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELEGATE AT LARG WILLIAM GURNEY 1453 E ROAD LOXAHATCHEE FL 33470	☒ Change ☐ Addition

CR2E037 (9/01)

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: Joan Shewmake Vice. 4/30/02 561-792-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOAN SHEWMAKE

Attachment
38029

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 5, 2002

LOXAHATCHEE GROVES LANDOWNERS ASSOCIATION
P.O. BOX 96
LOXAHATCHEE, FL 33470 US

Subject: **LOXAHATCHEE GROVES LANDOWNERS ASSOCIATION**

Reference Number: 721378

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns
ANNUAL REPORTS SECTION

Report Corrected as directed. Thank You.
Joan Shawmaker, 1/2003