2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90005 020 ****70.00

04U04044

MOORE CR2E037 (11/03)

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

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

JOAN SHEWMAKE
3764 B ROAD
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUDA, WILLIAM 1300 EAST ROAD LOXAHATCHEE FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES MARGE HERZOG 966 A ROAD LOXAHATCHEE, FL 33470	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERZOG, MARGE 966 A ROAD LOXAHATCHEE FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE-PRESIDENT/REC. SEC. DR. LAURA TINDALL 3780 A ROAD LOXAHATCHEE, FL 33470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RITA 15077 SCOTT PL LOXAHATCHEE FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRESPONDING SEC. ELISE RYAN 3508 A ROAD LOXAHATCHEE, FL 33470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEWMAKE, JOAN 3764 B ROAD LOXAHATCHEE FL 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALT BATCHELER, JOYCE 760 E ROAD LOXAHATCHEE FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~[illegible]~~ AT LARGE ROY PARKS 14900 NORTH ROAD Loxahatchee, FL 33470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GURNEY, WILLIAM 1453 EAST ROAD LOXAHATCHEE FL 33470	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SGT. AT ARMS CLAUS VON GROTE 14916 GRUBER LN LOXAHATCHEE FL 33470	☐ Change ☒ Addition

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 Treas 5-1-04 561-792-2317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #