

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 044 ****61.25

DOCUMENT # 721378					
1. Entity Name LOXAHATCHEE GROVES LANDOWNERS ASSOCIATION					
Principal Place of Business P.O. BOX 96 LOXAHATCHEE, FL 33470 US			Mailing Address P.O. BOX 96 LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, KENNETH R 15409 COLLECTING CANAL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Kenneth R. Johnson</i> Signature, typed or printed name of registered agent and file if applicable				DATE: 7/20/2007 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007			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	DV		TITLE	☐ Change ☐ Addition	
NAME	BROWNING, DAVID MR		NAME		
STREET ADDRESS	3056 D ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	P		TITLE	☐ Change ☐ Addition	
NAME	HERZOG, MARGE		NAME		
STREET ADDRESS	966 A ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	DCS		TITLE	☐ Change ☒ Addition	
NAME	RYAN, ELISE		NAME	DCS	
STREET ADDRESS	3508 A ROAD		STREET ADDRESS	PROESEL, HOLIE	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	1215 B ROAD	
TITLE	T		TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, KENNETH R		NAME		
STREET ADDRESS	15409 COLLECTING CANAL ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	DSAA		TITLE	☐ Change ☐ Addition	
NAME	VON GROTE, CLAVS		NAME		
STREET ADDRESS	14916 GRUBERHN		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kenneth R. Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 7/20/2007 Date		DAYTIME PHONE: 561-793 0188 Daytime Phone #