

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721378

FILED
Mar 03, 2009
Secretary of State

Entity Name: LOXAHATCHEE GROVES LANDOWNERS ASSOCIATION

Current Principal Place of Business:

15409 COLLECTING CANAL ROAD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 96
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 59-2350906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KENNETH R
15409 COLLECTING CANAL ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERZOG, MARGE
Address: 966 A ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DCS () Delete
Name: HANDWERG, NANCY
Address: 14914 SNAIL TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: JOHNSON, KENNETH R
Address: 15409 COLLECTING CANAL ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DSAA () Delete
Name: VON GROTE, CLAUS
Address: 14916 GRUBBER LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DSAA () Delete
Name: VON GROTE, DIANE
Address: 14916 GRUBBER LANE
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: SOSONSKY, HAROLD
Address: 795 HYDE PARK ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R. JOHNSON

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date