

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721378

**FILED**  
**Feb 27, 2011**  
**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  
Name: HERZOG, MARGE  
Address: 966 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DCAA  
Name: PARKER, HAZEL A  
Address: 15565 COLLECTING CANAL ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KENNETH R. JOHNSON

TRES

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date