


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000002484 1. Entity Name LOXAHATCHEE PRESERVE NATURE CENTER, INC.	
---	---

Principal Place of Business 8264 NORTHLAKE BLVD. W PALM BEACH, FL 33412	Mailing Address 1764 N. CONGRESS AVENUE STE. 200 W. PALM BEACH, FL 33409
---	---



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0675469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REARDEN, KENNETH  
1000 45TH ST  
W PALM BEACH, FL

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLEASON, PAT 1131 N. PALMWAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIN, MIMI 1764 N. CONGRESS AVENUE, STE. 200 W PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALE, MEG 1726 N LAKESIDE DR LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREFRY, ALLEN 14939 PALMWOOD ROAD PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000003483  
01/13/04-80059-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Mimi Stein Treas 1/7/04 561-687-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #