

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739053

Entity Name: LOGGERS' RUN, INC.**Current Principal Place of Business:**9900-A SW 18TH STREET
A
BOCA RATON, FL 33428**Current Mailing Address:**C/O CASTLE GROUP
PO BOX 559009
FT LAUDERDALE, FL 33355 US**FEI Number:** 59-1889615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES, LLC
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US*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**Officer/Director Detail :**

Title	PD
Name	DEFUSCO, NORMAN
Address	11381 ISLAND LAKES LANE
City-State-Zip:	BOCA RATON FL 33428

Title	VP
Name	HARP, RON
Address	21550 SWEETWATER LANE S.
City-State-Zip:	BOCA RATON FL 33428

Title	TD
Name	RUSSO, LORAIN
Address	22251 SOLITUDE DR
City-State-Zip:	BOCA RATON FL 33498

Title	S
Name	LAWRENCE, ROBERT
Address	11133 ORANGE BLOSSOM LANE
City-State-Zip:	BOCA RATON FL 33428

Title	VPD
Name	BERNHARDT, ROBERT
Address	11546 ORANGE BLOSSOM LANE
City-State-Zip:	BOCA RATON FL 33498

Title	SAA
Name	ZAPPULLA, RICHARD
Address	11813 SUNCHASE CT.
City-State-Zip:	BOCA RATON FL 33428

Title	D
Name	DESERNIA, TOM
Address	21526 SWEETWATER LANE S.
City-State-Zip:	BOCA RATON FL 33428

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: NORMAN DEFUSCO**PRESIDENT****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date