FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 4:06

DOCUMENT # **762010** **(7)**

1. Corporation Name

LOXAHATCHEE NATURAL HISTORY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10216 LEE ROAD ROUTE 1, BOX 276 BOYNTON BCH FL 33437 US	NC. P.O. BOX 2737 DELRAY BEACH FL 33447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1982
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2152926 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

POLESHUCK, WALTER S.
6794 MOONLIT DRIVE
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name: NORMAN SEROTTA
82 Street Address (P.O. Box Number is Not Acceptable): 8011 NADMAR AVENUE
83
84 City: BOCA RATON FL 85 Zip Code: 33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: NORMAN SEROTTA (Signature, typed or printed name of registered agent and title if applicable) Norman Serotta (NOTE: Registered Agent signature required when reinstating) 30 March 1994 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WIEDEMANN, HAL	1.2 NAME		
STREET ADDRESS	901 LAKE SHORE DR, #101	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LOERY, BILL	2.2 NAME		
STREET ADDRESS	650 E RAMBLING DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN, SAUL	3.2 NAME		
STREET ADDRESS	8144 SUMMERBREEZE LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, JAY	4.2 NAME		
STREET ADDRESS	7760A LEXINGTON CLUB BLV	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	CANNING, PAT	5.2 NAME		
STREET ADDRESS	1019 NASSAU ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP		
TITLE	DT	6.1 TITLE	DT	☑ Change ☐ Addition
NAME	POLESHUCK, WALTER S.	6.2 NAME	NORMAN SEROTTA	
STREET ADDRESS	6794 MOONLIT DR.	6.3 STREET ADDRESS	8011 NADMAR AVENUE	
CITY-ST-ZIP	DELRAY BCH, FL 00000	6.4 CITY-ST-ZIP	BOCA RATON FL 33434	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Serotta (NORMAN SEROTTA) 30 MARCH 1995 407-477-6711
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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