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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762010** (7)
1. Corporation Name
LOXAHATCHEE NATURAL HISTORY ASSOCIATION, INC.



Principal Place of Business 10216 LEE ROAD ROUTE 1, BOX 278 BOYNTON BCH FL 33437 US	Mailing Address NC. P.O. BOX 2737 DELRAY BEACH FL 33447-2737
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3. Date Incorporated or Qualified 02/16/1982	3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**SEROTTA, NORMAN
8011 NADMAR AVE
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
81 Name **JANE ADCOCK**
82 Street Address (P.O. Box Number is Not Acceptable)
3222 HARRINGTON DRIVE
83
84 City **BOCA RATON** FL 85 Zip Code **33496**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jane Adcock* **JANE ADCOCK SECRETARY** **4/12/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ALBERTSON, HAL	
STREET ADDRESS	5295 PARK PLACE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	☐ DELETE
NAME	LOERY, BILL	
STREET ADDRESS	650 E RAMBLING DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	ROSEN, SAUL	
STREET ADDRESS	8144 SUMMERBREEZE LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	GOLDMAN, JAY	
STREET ADDRESS	7760A LEXINGTON CLUB BLV	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	SELTZER, SOPHIE	
STREET ADDRESS	597 NW 9TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	☒ DELETE
NAME	SEROTTA, NORMAN	
STREET ADDRESS	8011 NADMAR AVE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	☒ Change ☐ Addition
1.2 NAME	LEONARD VILINSKY	
1.3 STREET ADDRESS	9662 HARBOUR LAKE CIRCLE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437-3511	
2.1 TITLE	DS	☐ Change ☒ Addition
2.2 NAME	JANE ADCOCK	
2.3 STREET ADDRESS	3222 HARRINGTON DRIVE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Hal Albertson* **HAL ALBERTSON - PRES.** **4/12/97** **561-338-5190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043373

CR2E037 (9/96)