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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 762010 (7)

1. Corporation Name

LOXAHATCHEE NATURAL HISTORY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10216 LEE ROAD ROUTE 1, BOX 278 BOYNTON BCH FL 33437 US	NC. P.O. BOX 2737 DELRAY BEACH FL 33447

3. Date Incorporated or Qualified: 02/16/1982

4. FEI Number: 59-2152926 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ADCOCK, JANE
~~3222 HARRINGTON DR~~ 6232 DIAMOND LAKE COURT
~~BOCA RATON FL 33496~~ BOYNTON BEACH, FL 33437

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	VILINSKI, LEONARD		1.2 NAME	HAL ALBERTSON	
STREET ADDRESS	9662 HARBOUR LAKE CR		1.3 STREET ADDRESS	5295 PARK PLACE CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP	BOCA RATON FL. 33496-1462	
TITLE	VD	☐ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	LOERY, BILL		2.2 NAME	VILINSKY LEONARD	
STREET ADDRESS	650 E RAMBLING DR		2.3 STREET ADDRESS	9662 HARBOUR LAKE CR	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	BOYNTON BEACH FL. 33437	
TITLE	D	☒ DELETE	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	☐ DELETE	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	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SELTZER, SOPHIE		5.2 NAME		
STREET ADDRESS	597 NW 9TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	6.1 TITLE	DS	☒ Change ☐ Addition
NAME	ADCOCK, JANE		6.2 NAME	ADCOCK JANE	
STREET ADDRESS	3222 HARRINGTON DR		6.3 STREET ADDRESS	6232 DIAMOND LAKE COURT	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

CR2E037 (10/97)

14. 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 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: [signature] **REQUIRED** 1/9/98 561-338-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #