

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90067 036 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 763422**

1. Corporation Name

**LOXAHATCHEE GUILD, INC.**

Principal Place of Business

P.O. BOX 4544  
TEQUESTA FL 33469

Mailing Address

P.O. BOX 4544  
TEQUESTA FL 33469



|   |                     |                     |                     |  |  |
|---|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>05/24/1982</b>   |  |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2563056</b>   |  |
| 22  | City & State        | 27                  | City & State        | Applied For<br>Not Applicable  |  |
| 23  | Zip                 | 28                  | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 24  | Country             | 29                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 9. Name and Address of Current Registered Agent                           |                     |                     |                     | 10. Name and Address of New Registered Agent   |  |
| <b>BARWICK, BLAKISTON WISN<br/>1001 N US HWY ONE<br/>JUPITER FL 33477</b> |                     |                     |                     | 81   | Name   |
|   |                     |                     |                     | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |                     |                     |                     | 83   |  |
|   |                     |                     |                     | 84   | City   |
|   |                     |                     |                     | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>GRAVETT, ETHEL</b>                        | 1.2 NAME  |  |
| STREET ADDRESS             | <b>200 RIVER DR</b>                          | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TEQUESTA FL 33469</b>                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPD <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HUDIBURG, JOAN</b>                        | 2.2 NAME  |  |
| STREET ADDRESS             | <b>197 COMMODORE</b>                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>JUPITER FL</b>                            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COOK, LESLIE</b>                          | 3.2 NAME  | <b>Director Cook, Leslie</b>   |
| STREET ADDRESS             | <b>17 BAY HARBOR RD</b>                      | 3.3 STREET ADDRESS                                    | <b>17 Bay Harbor Rd.</b>   |
| CITY-ST-ZIP                | <b>TEQUESTA FL 33469</b>                     | 3.4 CITY-ST-ZIP                                       | <b>Tequesta, FL 33469</b>  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CAMPBELL, JUDY</b>                        | 4.2 NAME  | <b>Secretary, Director</b>   |
| STREET ADDRESS             | <b>1309 PENINSULAR ROAD</b>                  | 4.3 STREET ADDRESS                                    | <b>Marchman, Helen</b>   |
| CITY-ST-ZIP                | <b>JUPITER FL</b>                            | 4.4 CITY-ST-ZIP                                       | <b>1233 12th Ct.</b>   |
| TITLE                      | TD <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CRITTENDEN, ELLEN</b>                     | 5.2 NAME  | <b>Jupiter, FL 33477</b>   |
| STREET ADDRESS             | <b>2366 WILSEE RD</b>                        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PALM BEACH GARDENS FL 33410</b>           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MEYEROWICH, ROSE</b>                      | 6.2 NAME  |  |
| STREET ADDRESS             | <b>7 SADDLEBACK RD</b>                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>TEQUESTA FL 33469</b>                     | 6.4 CITY-ST-ZIP                                       |  |

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, with all other like empowered.

SIGNATURE:

**ETHON MUKES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)