

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90079 046 ****61.25

DOCUMENT # 763422

1. Entity Name

LOXAHATCHEE GUILD, INC.



Principal Place of Business

P.O. BOX 4544
TEQUESTA FL 33469

Mailing Address

P.O. BOX 4544
TEQUESTA FL 33469

24042655



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2563056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARWICK, BLAKISTON WISN
1001 N US HWY ONE
JUPITER FL 33477

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRITTENDEN, ELLEN
2366 WILSEE ROAD
WEST PALM BEACH FL 33410 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KATHY BOURASSA
248 RIVER DRIVE
TEQUESTA FL 33469 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SCOTT, GWEDOLYN
203 RIVER DRIVE
TEQUESTA FL 33469 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LESLIE COOK
17 BAY HARBOR RD
TEQUESTA, FL 33469 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOURASSA, PAULI
285 SOUTH BEACH ROAD
HOBE SOUND FL 33455 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CAROLYN SAN PHILLIP
6372 PENNOCK POINT ROAD
JUPITER, FL 33458 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARCHMAN, HELEN
1233 12TH CT
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THERESE, MARY
15267 15TH AVE.
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HURLBURT, KATHY
3282 SE INLET HARBOR TERRACE
STUART FL 34966 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MAUD KISKADDON
3950 SHEARWATER DRIVE
JUPITER, FL 33477 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Hurlburt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHY Hurlburt

4/12/04

Date

561-746-9251

561-747-5016

Daytime Phone #

MAUD