


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90219 036 ****70.00

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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number 59-2563056	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARWICK, BLAKISTON WSN 1001 N US HWY ONE JUPITER, FL 33477				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAUL, JOAN		NAME		
STREET ADDRESS	19700 BEACH RD #4 SOUTH		STREET ADDRESS		
CITY-ST- ZIP	JUPITER, FL 33469		CITY-ST- ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, LESLIE		NAME		
STREET ADDRESS	17 BAY HARBOR RD		STREET ADDRESS		
CITY-ST- ZIP	TEQUESTA, FL 33469		CITY-ST- ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAN PHILLIP, CAROLYN		NAME		
STREET ADDRESS	6372 PENNOCK POINT RD		STREET ADDRESS		
CITY-ST- ZIP	JUPITER, FL 33458		CITY-ST- ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARCHMAN, HELEN		NAME	SD	
STREET ADDRESS	1233 12TH CT		STREET ADDRESS	E. J. CRITTENDEN	
CITY-ST- ZIP	JUPITER, FL 33477		CITY-ST- ZIP	2366 WILSEE RD	
TITLE	D <input type="checkbox"/> Delete		TITLE	T	
NAME	KISKADDON, MAUD		NAME	JOAN HUDIBURG	
STREET ADDRESS	3950 SHEARWATER DR		STREET ADDRESS	197 COMMODORE DRIVE	
CITY-ST- ZIP	JUPITER, FL 33477		CITY-ST- ZIP	JUPITER, FL 33477	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joan Hudiburg</u> JOAN HUDIBURG <u>4-24-06</u> <u>561-595-1638</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					