

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90126 005 ****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2563056**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRITTENDEN, ELLEN	
STREET ADDRESS	2366 WILSEE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTT, GWEDOLYN	
STREET ADDRESS	203 RIVER DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOURASSA, PAUL	
STREET ADDRESS	285 SOUTH BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCHMAN, HELEN	
STREET ADDRESS	1233 12TH CT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEARERY, JO ANNE	
STREET ADDRESS	356 CHURCH ROAD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HURLBURT, KATHY	
STREET ADDRESS	3282 SE INLET HARBOR TERRACE	
CITY-ST-ZIP	STUART FL 34966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY-THERESA	
STREET ADDRESS	15247 75th Ave.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kathleen S. Hurlburt **KATHLEEN S. HURLBURT** 4/16/03 561-746-9251

CR2E037 (10/02)