2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State **DOCUMENT # J15861** 05-03-2004 91220 026 ***150.00 THE LOXAHATCHEE CLUB REALTY, INC. Principal Place of Business Mailing Address 24066707 102 NOCOSSA CIR 102 NOCOSSA CIR JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2698667 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LETSCH, EILEEN F 102 NOCOSSA CIRCLE Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAME LETSCH, EILEEN F NAME STREET ADDRESS 102 NOCOSSA CIR STREET ADDRESS JUPITER FL CITY-ST-7iP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CANTY, ARLENE J NAME NAME STREET ADDRESS 102 NOCOSSA CRCL STREET ADDRESS JUPITER FL CITY ST. 7IP CITY-ST-7IP TITLE AS ☐ Delete TITLE ☐ Change Addition NAME KERWIN, EDWARD P NAME STREET ADDRESS 102 NOCOSSA CIR STREET ADDRESS CITY-ST-7IP JUPITER FL CITY-ST-ZIP DC TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRAY, GORDON C. NAME 102 NOCOSSA CIR STREET ADDRESS STREET ADDRESS JUPITER FL 🕟 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 607, 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.

FILED