2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N04000006112

Entity Name: COMMITTEE TO INCORPORATE LOXAHATCHEE GROVES INC

Current Principal Place of Business:

13402 NORTH ROAD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

3780 A ROAD
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 77-0637929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINDALL, LAURA J
3780 A ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAXTER, DOREEN
Address: 13402 NORTH ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VS ( ) Delete
Name: AUTREY, DAVID
Address: 13156 NORTH ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: T ( ) Delete
Name: TINDALL, LAURA
Address: 3780 A ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D ( ) Delete
Name: CORUM, CINDY
Address: 2452 C ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D ( ) Delete
Name: GUTMAN, STEVE
Address: 13050 MARCELLA ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D ( ) Delete
Name: STAR, PIA L
Address: 14895 24TH CIRCLE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/S (X) Change ( ) Addition
Name: BAXTER, DOREEN
Address: 13402 NORTH ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: P/D (X) Change ( ) Addition
Name: AUTREY, DAVID
Address: 13156 NORTH ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: T/D (X) Change ( ) Addition
Name: TINDALL, LAURA
Address: 3780 A ROAD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L J TINDALL T/D 01/12/2005

Electronic Signature of Signing Officer or Director — Date