

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 18, 2006**  
**Secretary of State**

DOCUMENT# N04000006112

**Entity Name:** COMMITTEE TO INCORPORATE LOXAHATCHEE GROVES INC**Current Principal Place of Business:**13156 NORTH ROAD  
LOXAHATCHEE, FL 33470 US**New Principal Place of Business:****Current Mailing Address:**13156 NORTH 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:**CLOSE, VERONICA B  
12963 RAYMOND DRIVE  
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**AUTREY, DAVID  
13156 NORTH ROAD  
LOXAHATCHEE, FL 33470 US

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: DAVID AUTREY

07/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: T/D ( ) Delete  
Name: CLOSE, VERONICA B  
Address: 12963 RAYMOND DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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

Title: D ( ) Delete  
Name: HERZOG, MARGARET  
Address: 966 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP/D ( ) Delete  
Name: VON GROTE, CLAUS  
Address: 14916 GRUBER LANE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D ( ) Delete  
Name: LOUDA, WILLIAM  
Address: 1300 E ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T/D (X) Change ( ) Addition  
Name: KILGORE, CONSTANCE R  
Address: 2310 F 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:

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 Chapter 119, 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: DAVID AUTREY

P/D

07/18/2006

Electronic Signature of Signing Officer or Director

Date