## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04486

FILED Mar 17, 2009 Secretary of State

Entity Name: THE LOXAHATCHEE CLUB, INC.

urrent F	Principal Place	e of Business:	New Principal Place	of Business:
	IO DRIVE FL 334587728	3 US		
Current Mailing Address:		New Mailing Address:		
	IO DRIVE FL 334587728	3 US		
El Number	: 59-2784038	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
350 ECH	., KEVIN E IO DRIVE FL 33458 l	JS		
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or bot
the Stat	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or bot
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or bot  Date
n the Stat	e of Florida. RE:	nic Signature of Registered Ag	ent	
the Stat  IGNATU  FFICER  tle: ame: ddress:	e of Florida.  RE: Electror  S AND DIREC	nic Signature of Registered Ag TORS: Delete L MR RIVE	ent	Date
the Stat IGNATU PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE: Electror  S AND DIREC  DP (1) HOOKER, BOB 102 LOCHA DE JUPITER, FL 3	nic Signature of Registered Agr TORS:  ) Delete  B L MR  RIVE  B3458  ) Delete  RANK MR  VE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECT
the Stat	e of Florida.  RE: Electror  S AND DIREC  DP ( ) HOOKER, BOB 102 LOCHA DR JUPITER, FL 3  DV ( ) SALIZZONI, FR 205 ECHO DRI JUPITER, FL 3	nic Signature of Registered Agortores:  ) Delete 3 L MR RIVE 33458  ) Delete RANK MR VE 33458  ) Delete LD G I TRAIL	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN CARROLL S 03/17/2009