

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N21743

1. Entity Name
LOS FLORES RANCHES PROPERTY OWNERS' ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 21 AM 7:26

REINSTATEMENT 06-07



Principal Place of Business
P.O. BOX 1568
LOXAHATCHEE, FL 33470

Mailing Address
P.O. BOX 1568
LOXAHATCHEE, FL 33470

2. Principal Place of Business - No P.O. Box #
20283 State Rd 7

Suite, Apt. #, etc.
Suite 400

City & State
BOCA RATON FL

Zip
33498

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02082007 REIN-NP CR2E099 (1/07)

4. FEI Number
65-0521337

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELDMAN, MICHAEL J
2424 N FEDERAL HWY
SUITE # 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Feldman, Michael, J

Street Address (P.O. Box Number is Not Acceptable)
20283 State Road 7 Suite 400

City
Boca Raton

State
FL

Zip Code
33498

I, 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 **3/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AUMEN, KIM 3425 185 TRAIL NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MERRILL, TOM 3446 CABBAGE PALM WAY LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AUCHTER, ANITA 3656 - 185 TRAIL N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, JIM P.O. BOX 527 LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **2-20-07** **561-791-3999**

Signature and typed or printed name of signing officer or director Date Daytime Phone #