

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N21743

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



Principal Place of Business
**20283 STATE ROAD 7, STE 400
BOCA RATON, FL 33498**

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



03142008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

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
20283 STATE ROAD 7, STE 400
BOCA RATON, FL 33498**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000863344
04/03/08-80088-010 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

561-791-3999

Daytime Phone #