

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21743

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

P.O.3658  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

P.O. BOX 1568  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 65-0521337      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELDMAN, MICHAEL J  
20283 STATE ROAD 7, STE 400  
BOCA RATON, FL 33498      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: S      ( ) Delete  
Name: AUMEN, KIM  
Address: 3425 185 TRAIL NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP      ( ) Delete  
Name: MERRILL, TOM  
Address: 3446 CABBAGE PALM WAY  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T      ( ) Delete  
Name: AUCHTER, ANITA  
Address: 3656 - 185 TRAIL N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PD      ( ) Delete  
Name: MILLER, JIM  
Address: P.O. BOX 527  
City-St-Zip: LOXAHATCHEE, FL 33470

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

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 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: ANITA AUCHTER

T

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date