

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 01, 2008
Secretary of State

DOCUMENT# N38715

Entity Name: LOXAHATCHEE PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5896 LOXAHATCHEE PINES DRIVE
JUPITER, FL 33458**New Principal Place of Business:**5909 LOXAHATCHEE PINES DRIVE
JUPITER, FL 33458**Current Mailing Address:**5909 LOXAHATCHEE PINES DRIVE
JUPITER, FL 334583477**New Mailing Address:****FEI Number:** 65-0404630**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOWARD, JAMES B
5896 LOXAHATCHEE PINES DRIVE
JUPITER,, FL 33458 US**Name and Address of New Registered Agent:**INGRAM, INELL
5909 LOXAHATCHEE PINES DRIVE
JUPITER,, FL 334583477 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: INELL INGRAM

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, JAMES B
Address: 5896 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete
Name: KIMBLEY, DAVID
Address: 5923 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: DIGIOVANNI-SEGAL, LORI
Address: 5965 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 33458

Title: TD () Delete
Name: INGRAM, INELL
Address: 5909 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOLMAUGH, LEWIS L
Address: 5966 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583467

Title: VPD (X) Change () Addition
Name: KIMBLEY, DAVID
Address: 5923 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583477

Title: SD (X) Change () Addition
Name: BRUNER, LORE
Address: 5924 LOXAHATCHEE PINES DRIVE
City-St-Zip: JUPITER, FL 334583467

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: INELL INGRAM

TREA

04/01/2008

Electronic Signature of Signing Officer or Director

Date