# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2008 8:00 am**
**Secretary of State**
04-02-2008 90033 033 ****61.25

DOCUMENT # N94000000938

1. Entity Name
LOXAHATCHEE POINTE HOMEOWNERS ASSOCIATION, INC.

40057360

| Principal Place of Business | Mailing Address |
|---|---|
| PRIME MGMT GROUP<br>2074 W. INDIAN RD #200<br>JUPITER, FL 33458 US | PRIME MGMT GROUP<br>2074 W. INDIAN RD #200<br>JUPITER, FL 33458 US |

01072008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0323467 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SACHS, SAX, AND KLEIN<br>301 TAMATO RD<br>BOCA RATON, FL 33431 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DUNLAP, RON<br>19985 LOXAHATCHEE PTE DR<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Dunlap, Ron<br>19985 Loxahatchee Pte. Dr.<br>Jupiter, Fl. 33458 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KLEISLEY, RICHARD<br>19794 LOXAHATCHE PT DR<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Kleisley, Richard<br>19794 Loxahatchee Pt. Dr<br>Jupiter, Fl. 33458 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHATTNER, NORMA<br>19874 LOXAHATCHEE POINTE DR<br>JUPITER, FL 33458 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Goetz, Eric<br>19850 Loxahatchee Pt. Dr.<br>Jupiter, Fl. 33458 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>REHNBERG, PATRICIA<br>19954 LOXAHATCHEE PTE DR<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rehnberg, Patricia<br>19954 Loxahatchee Pte Dr.<br>Jupiter, Fl. 33458 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, SCOTT<br>19826 LOXAHATCHEE PT DR<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Johnson, Scott<br>19826 Loxahatchee Pt. Dr.<br>Jupiter, Fl. 33458 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GUERIN, JONATHAN<br>19914 LOXAHATCHEE PT DR<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Stauffer, John<br>6480 Spartina Cr.<br>Jupiter, Fl. 33458 | ☐ Change ☑ 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:** Ronald D Dunlap V-PRESIDENT 3/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
RONALD D DUNLAP 561-632-1653
Daytime Phone #