

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005760

**FILED**  
**Mar 02, 2004**  
**Secretary of State****Entity Name:** LOXAHATCHEE AREA NURSERYMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**PO BOX 1226  
2141 C RD  
LOXAHATCHEE, FL 33470**New Principal Place of Business:**PO BOX 1226  
LOXAHATCHEE, FL 33470**Current Mailing Address:**PO BOX 1226  
LOXAHATCHEE, FL 33470**New Mailing Address:****FEI Number:** 65-0548016**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**QUINN, JOEY D  
2141 C ROAD  
LOXAHATCHEE, FL 33470 US**Name and Address of New Registered Agent:**TINDALL, LAURA J  
3780 A ROAD  
LOXAHATCHEE, FL 33470 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: LAURA JANE TINDALL

03/02/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RYAN, ELISE  
Address: 3548 A RD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TD ( ) Delete  
Name: CORUM, CINDY  
Address: 2452 C ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PD ( ) Delete  
Name: QUINN, JOEY  
Address: 2141 C RD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D (X) Change ( ) Addition  
Name: TINDALL, LAURA DR.  
Address: 3780 A ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P/D (X) Change ( ) Addition  
Name: WATSON, SCOTT  
Address: 16351 VAN GOGH ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP/D ( ) Change (X) Addition  
Name: DOLGIN, ROBERT  
Address: 4286 WINDMILL POINT LANE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP/D ( ) Change (X) Addition  
Name: DERGHAM, GHADA  
Address: P O BOX 3562  
City-St-Zip: TEQUESTA, FL 33469

Title: S/D ( ) Change (X) Addition  
Name: CORUM, CINDY  
Address: 2452 C ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: L J TINDALL

T/D

03/02/2004

Electronic Signature of Signing Officer or Director

Date

BONNIE MACIAK, DIRECTOR  
12914 30TH ROAD NORTH  
LOXAHATCHEE, FL 33470

MATT MARSHALL, DIRECTOR  
15201 CITRUS GROVE BLVD  
LOXAHATCHEE, FL 33470

JOEY QUINN, DIRECTOR  
2141 C ROAD  
LOXAHATCHEE, FL 33470