

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005760

FILED
Jan 12, 2005
Secretary of State

Entity Name: LOXAHATCHEE AREA NURSERYMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1226
LOXAHATCHEE, FL 33470

New Principal Place of Business:

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:

TINDALL, LAURA J
3780 A ROAD
LOXAHATCHEE, FL 33470 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: D () Delete
Name: RYAN, ELISE
Address: 3548 A RD
City-St-Zip: LOXAHATCHEE, FL 33470

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

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

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

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

Title: S/D () Delete
Name: CORUM, CINDY
Address: 2452 C ROAD
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:

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

Title: S/D (X) Change () Addition
Name: STAR, PIA
Address: 14895 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

Electronic Signature of Signing Officer or Director

T/D

01/12/2005

Date