

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

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002484**

1. Entity Name  
**LOXAHATCHEE PRESERVE NATURE CENTER, INC.**



Principal Place of Business  
**8264 NORTHLAKE BLVD.  
W PALM BEACH, FL 33412**

Mailing Address  
**1764 N. CONGRESS AVENUE  
STE. 200  
W. PALM BEACH, FL 33409**



01062004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0675469**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REARDEN, KENNETH  
1000 45TH ST  
W PALM BEACH, FL**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GLEASON, PAT  
1131 N. PALMWAY  
LAKE WORTH, FL 33460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
STEIN, MIMI  
1764 N. CONGRESS AVENUE, STE. 200  
W PALM BEACH, FL 33409**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GALE, MEG  
1726 N LAKESIDE DR  
LAKE WORTH, FL 33460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TREFRY, ALLEN  
14939 PALMWOOD ROAD  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000003483  
01/13/04-80059-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Mimi Stein Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 561-687-0700  
Date Daytime Phone #