2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002484

FILED Feb 05, 2009 Secretary of State

Entity Name: LOXAHATCHEE PRESERVE NATURE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

8264 NORTHLAKE BLVD. W PALM BEACH, FL 33412

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0675469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REARDEN, KENNETH

1000 45TH ST

W PALM BEACH, FL

US

STEIN, ELLEN M

1764 NO CONGRESS AVE STE 200

W PALM BEACH, FL 33409 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: ELLEN M STEIN 02/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: WERTEPNY, ALAN Name: MERCHANT, SHARON
Address: 17146 67TH COURT N. Address: .9 GRAEMOOR TERRACE

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete Title: () Change () Addition

 Name:
 STEIN, MIMI
 Name:

 Address:
 1764 N. CONGRESS AVENUE, STE. 200
 Address:

 City-St-Zip:
 W PALM BEACH, FL 33409
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TREFRY, ALLEN
 Name:
 AUMEN, NICHOLAS

 Address:
 14939 PALMWOOD ROAD
 Address:
 3889 185 TR N

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: LOXAHATCHEE, FL 33470

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: MIMI STEIN TREA 02/05/2009