

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003811 (3)**

1. Corporation Name

LOXAHATCHEE CLUB SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business	Mailing Address
631 US HIGHWAY 1, SUITE 410 NORTH PALM BEACH FL 33408	631 US HIGHWAY 1, SUITE 410 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

31-1579089

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1350 ECHO DRIVE

26 1350 ECHO DRIVE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JUPITER, FLORIDA

City & State

28 JUPITER, FLORIDA

Zip

24 33458

Country

25 USA

Zip

29 33458

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKEY, JOSEPH M
631 US HIGHWAY 1, SUITE 410
NORTH PALM BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1350 ECHO DRIVE

83

84 City
JUPITER

FL

85 Zip Code
33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joseph M. Hickey
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKEY, JOSEPH M	
STREET ADDRESS	631 US HIGHWAY 1, SUITE 410	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTON, PHILLIPS E	
STREET ADDRESS	631 US HIGHWAY 1, SUITE 410	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NORDMAN, MARK	
STREET ADDRESS	631 US HIGHWAY 1, SUITE 410	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11260 OLD HARBOUR ROAD
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	192 LOCHA DRIVE
2.4 CITY-ST-ZIP	JUPITER, FLORIDA 33458

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1350 ECHO DRIVE
3.4 CITY-ST-ZIP	JUPITER, FLORIDA 33458

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph M. Hickey
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/28/98

DATE

Daytime Phone # **0041558**

CR2E037 (10/97)