## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**FILED** May 05, 1999 8:00 am § Secretary of State

05-05-1999 90036 015 \*\*\*\*61.25

DOCUMENT # N9700003811												
LOXAHATCHEE CLUB SCHOLARSHIP FOUNDATION, INC.								40/33 <u>/</u>	- 90030 - 13	•		
LOWIN			•				<u></u>			<del></del>		
								,				
Principal Place of Business Mailing Address							_				*** ***	
1350 ECHO DI		1350 ECHO DR										
JUPITER FL 33458 US US US												
2. Principal P	lace of Business	2a. Mailing Address	<del>                                     </del>				3. Date incorporated or Qualifed 07/02/1997					
21	M	26 Suite Ant # etc					07/02/ 4. FEI Nur			Tan	nlind For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						79089			plied For t Applicable	
22 City & State	<u> </u>	City & State				<del></del>				\$8.75 A		
23	•	28					5. Certifca	ite of Status Desired		Fee Re		
Zip	Country	Zip	Cour	ntry		1	6. Election	Campaign Financing	9 5	\$5.00	Mav Be	
24	25	29	30					und Contribution	, <sub>□</sub>	Added to	- 1	
	9. Name and Address of Curre	ent Registered Agent				1	0. Name a	and Address of New	Registere	d Agent		
			ļ	81	Name							
HICKEY, J	OSEPH M		Ì	82	Street	Address	(P.O. Box	Number is Not Accep	otable)			
1350 ECH			1									
JUPITER FL 33458			i	83						,		
			ŀ	84	City					85 Zip C	Code	
"##		1012 4500 FL. II. O			4		la 14.	- 41-11-4 \$ 5 41	F	<del></del>	registered	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State	e of Florida. Such change was	authorized	by t	-namea he corpo	corporation's	board of di	s this statement for the irectors. I hereby acco	ept the app	oi changing its iointment as req	gistered	
agent. I a	m familiar with, and accept the oblig	pations of, Section 617.0503, FI	orida Statu	tes.						•		
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if anolicable (NOT	E: Registered	Agent	signatura r	required whe	n reinstating)		DATE			
12.		ND DIRECTORS	13.					NS/CHANGES TO C	FFICERS	AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 111	LE						☐ Change	☐ Addition	
NAME	HICKEY, JOSEPH M		1.2 NA	ME								
STREET ADDRESS	11260 OLD HARBOUR RD		1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL 3346		1.4 CIT	Y-ST	-ZIP							
TITLE	D			l -		D				Change	Addition	
NAME	PATTON, PHILLIPS E		2.2 NA					RGARET				
STREET ADDRESS	192 LOCHA DR		2.3 STI	REET	ADDRESS			C LANE		•		
CITY-ST-ZIP	JUPTIER FL 33458		2.4 CF		-ZIP		TER F	L 33458		Change	PJ Addition	
TITLE	D	☑ DELETE	3.1 TIT			D	ו כח ו	א דמווע		☐ Change	Addition	
NAME	NORDMAN, MARK		3.2 NA			1	-	KURT D.				
STREET ADDRESS					ADDRESS			DRIVE L 33 <u>458</u>				
CITY-ST-ZIP	JUPITER FL 33458	☐ DELETE	3.4. CIT 4.1 TIT		-ZIP	JUPI	IEK FI	_ 33430		☐ Change	☐ Addition	
			4. 2 NA			,						
NAME STREET ADDRESS					ADDRESS	}						
CITY-ST-ZIP			4.4 CIT			-					}	
TITLE		☐ DELETE	5.1 TIT							☐ Change	Addition	
NAME			5.2 NA			ļ						
STREET ADDRESS			5.3 STI	REET	ADDRESS	-						
CITY-ST-ZIP			5.4 CIT	Y-ST	ZIP							
TITLE		☐ DELETE	6.1 TIT	LE				<u>-</u>		Change	Addition	
NAME :	*.		6.2 NA	ME								
STREET ADDRESS			6.3 STI	REET	address	İ						
CITY, ST. 7ID			6.4 CIT	Y-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; with all other like empowered.

**SIGNATURE:**