

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004660

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: LOXAHATCHEE GROVES PTO, INC.

## Current Principal Place of Business:

16020 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470

## New Principal Place of Business:

## Current Mailing Address:

16020 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470

## New Mailing Address:

FEI Number: 65-0797428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEARTH, CARMELA  
16020 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

PLOTKE, LORI A  
16020 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470 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: LORI A PLOTKE

04/10/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DEARTH, CARMELA  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: 1VPD ( ) Delete  
Name: DIETRICH, STACY  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TS ( ) Delete  
Name: PLOTKE, LORI A  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: 2VPD ( ) Delete  
Name: LEE, INGE  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DIETRICH, STACY  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: 1VPD (X) Change ( ) Addition  
Name: BREEN, HEIDI  
Address: 16020 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

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

Title: SEC (X) Change ( ) Addition  
Name: MCLEOD, CANDI  
Address: 16020 OKEECHOBEE BLVD  
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 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: LORI A. PLOTKE

TS

04/10/2006

Electronic Signature of Signing Officer or Director

Date