2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N97000004660

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:

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

Name and Address of New Registered Agent:

SCHIOLA, TRACY 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: TRACY A SCHIOLA 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: 2VPD ( ) Delete
Name: SNODDY, ELAINA
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: SEC (X) Delete
Name: SCHIOLA, TRACY
Address: 16020 OKEECHOBEE BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition
Name: SCHIOLA, TRACY A
Address: 16020 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC (X) Change ( ) Addition
Name: MCCLEOD, CANDI
Address: 16020 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

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

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: TRACY A SCHIOLA TS 03/26/2009
Electronic Signature of Signing Officer or Director Date