

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90123 019 ****70.00

DOCUMENT # N99000003921

1. Entity Name

Loxahatchee Estates Property Owners
Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2192 Northfork Drive

Suite, Apt. #, etc.

3. Mailing Address
2192 Northfork Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number 65-0930455

Applied For
Not Applicable

Zip
33458

Country
USA

Zip
33458

Country
33458

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Colette Isner

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

2183 Northfork Drive

City Jupiter

FL Zip Code
33458

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
Matteo Rosselli
2195 Northfork Drive, Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/D
Colette Isner
2183 Northfork Drive, Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D
Michael Stevens
18684 Breezewood Ct., Jupiter, FL 33458

TITLE
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IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)