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FILED

Mar 11, 1999 8:00 am Secretary of State

Change

☐ Addition

03-11-1999 90023 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709386

1. Corporation	n Name				1 1		
LOST TREE CONDOMINIUM COTTAGES, INC.					500,20 5		
5557 1.							
		Mailing Address					•
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	11380 PROSPERITY FARMS RD P.O. BOX 14812 SUITE 216 B NO. PALM BEACH FL 33408						<u> </u>
PALM BEACH GARDENS FL 33410 US					T (EMITY IN MY MOSINE FORED YIELD TRING DIT	k Bradil bildír dzéri áraza ással	1 61 0 11 188)
US							
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Principal Piece of Business 2a. Mailing Address					3. Date Incorporated or Qualified		
21 Lost Tree Way 26					08/03/1965	- T.	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	. ' L	Applicable
22	·				59-1914489		Applicable
City & Stal	Palm Beach 7L	City & State			5. Certificate of Status Desired	3 \$8.75 A	
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00	
Zip 24 33 4	108-125 USA-	29	0		Trust Fund Contribution	Added to	Fees
-	9. Name and Address of Curren	nt Registered Agent		,	10. Name and Address of New Regi	stered Agent	
				Name	•		
MCCUEN, NEWELL H.				82 Street Address (P.O. Box Number is Not Acceptable)			
11581 LOST TREE WAY				<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
N. PALM BEACH FL 33408				1			i
, M. 1 / L.	22.0.11.2.00.100		84	City		85 Zip C	ode
				1 '		_ - - 	
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508, Florida Statutes	, the abov	re-named co	rporation submits this statement for the pur	pose of changing its real	egistered istered .
office or l	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 617.0503, Florid	a Statutes	3.	orporation submits this statement for the puration's board of directors. I heraby accept the		· }
SIGNATURE						DATE	1
	Signature, typed or printed name of registered ego		gistered Age II 13.	et signature requ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
12.		ND DIRECTORS	1.1 TITLE	— Т	ADDITIONAL STREET	☐ Change	Addition
TITLE	FD		•	- 1		-, -	
NAME	MOCOEIN, NETVILLE 11.						Į⊵
			12 NAME	1	•		5037
STREET ADDRESS	1		1.3 STREE	ET ADDRESS	•		2ZE037
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CITY-ST-ZIP	N. PALM BEACH FL DVP	pg DELETE	1.3 STREE 1.4 CTY-5 2.1 TITLE	ST-ZIP	· 	_ Change	CR2E037
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6.4 CITY-ST-ZIP 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 cath; 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.

5.2 NAME

R 1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: