



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 709386					
1. Entity Name LOST TREE CONDOMINIUM COTTAGES, INC.					
Principal Place of Business 155581 LOST TREE WAY N PALM BEACH FL 34408 US			Mailing Address P.O. BOX 14812 NO. PALM BEACH FL 33408 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
5. Name and Address of Current Registered Agent ROZELLE, PATRICIA 5069 MAGNOLIA BAY CIR PALM BEACH GARDENS FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FCI Number 59-1914489 Applied For <input type="checkbox"/> Not Applied <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE 1-25-06 <small>DATE</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGBURN, JAMES 11631 LOST TREEWAY NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROZELLE, PATRICIA 5069 MAGNOLIA BAY CIR PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITHERS, WILLIAM 3429 DEVONSHIRE WAY PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEATHAM, CELESTE 11639 LOST TREE WAY NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E037 (10/05)

4. FCI Number **59-1914489** Applied For Not Applied

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

City **FL** Zip Code

DATE **1-25-06**

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

00000409985
02/09/06-80018-022-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE 