

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90201 043 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1914489**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCUEN, NEWELL H.
11581 LOST TREE WAY
N. PALM BEACH FL 33408**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCUEN, NEWELL H.	
STREET ADDRESS	11581 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DWYER, ROBERT	
STREET ADDRESS	11639 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	ROZELLE, PATRICIA	
STREET ADDRESS	522 E. TALL OAKS DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, HAROLD	
STREET ADDRESS	11599 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Patricia Rozelle* **PATRICIA ROZELLE - 1/10/03 - 626-8033**

CR2E037 (10/02)