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

DOCUMENT # 709386

1. Entity Name

SIGNATURE:

LOST TREE CONDOMINIUM COTTAGES, INC.



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

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

561-

DILBUTE PATRICIA ROZELLE-410/03-626-8033

Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent. Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 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.					SOO WE THE				
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required Fee Required 6. Name and Address of Current Registered Agent Name MCCUEN, NEWELL H. 11581 LOST TREE WAY N. PALM BEACH FL 33408 City City	Principal Place of Busine	ss	Mailing Address	Mailing Address		1			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country	N PALM BEACH FL 34408		NO. PALM BEACH FI	FL 33408) (ADDIE JARDII ADDIE TOKAN TEKNY TRICK DIEK DIEK ANDER ANDER ANDER ANDER ANDER ANDER			
City & State 4. Fet Number 59-1914489 Applied For Not Applicable Status Desired \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name MCCUEN, NEWELL H. 11581 LOST TREE WAY N. PALM BEACH FL 33408 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.	2. Principal Place of Bus	iness	3. Mailing Address						
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 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCUEN, NEWELL H. 11581 LOST TREE WAY N. PALM BEACH FL 33408 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.	City & State		City & State			4. FEI Number 59-1914489	Applied For Not Applicable		
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City City Lip 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.	11581 LOST TREE	WAY		•,*::: ·					
the obligations of registered agent.	N. I ALM OLAOTI II			1	City	FL	Zip Code		
	8. The above named ent the obligations of regis	ity submits this statement stered agent.	ent for the purpose of changi	ing its registere	d office or register	ed agent, or both, in the State of Florida. I am f	amiliar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	SIGNATURE	d or printed parms of registered	Connect and title if and line blo	(NOTE: Popietaro		The second of th			

FILE NOW: FEE IS \$61.25		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	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME	MCCUEN, NEWELL H.		NAME							
STREET ADDRESS	11581 LOST TREE WAY		STREET ADDRESS	Ì						
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP							
TITLE	DST	☐ Delete	TITLE		1 2 2	☐ Change	☐ Addition			
NAME	DWYER, ROBERT		NAME							
STREET ADDRESS	11639 LOST TREE WAY		STREET ADDRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP			<u> </u>				
TITLE	DAS	☐ Delete	TITLE			☐ Change	Addition			
NAME	ROZELLE, PATRICIA		NAME				!			
STREET ADDRESS	522 E. TALL OAKS DR		STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33410		CITY-ST-ZIP							
TITLE	Į V	☐ Delete	TITLE			Change	☐ Addition			
NAME	GRANT, HAROLD		NAME				ĺ			
STREET ADDRESS	11599 LOST TREE WAY		STREET ADDRESS							
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NA M E			NAME	İ						
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	Addition			
NAME	·		NAME	1		•				
STREET ADDRESS	•		STREET ADDRESS	ĺ						
CITY-ST-ZIP			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 empowered.										