FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:04

DOCUMENT # 709386 (7)

1. Corporation Name
LOST TREE CONDOMINIUM COTTAGES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
104A SEA OATS DRIVE P.O. BOX 14812 N. PALM BEACH FL 33408-1415	104A SEA OATS DRIVE P.O. BOX 14812 N. PALM BEACH FL 33408-1415

3. Date Incorporated or Qualified: 08/03/1965
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1914489 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCUEN, NEWELL H. 11581 LOST TREE WAY N. PALM BEACH FL 33408	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCUEN, NEWELL H.	1.2 NAME	
STREET ADDRESS	11581 LOST TREE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	THATCHER, JACKSON L	2.2 NAME	
STREET ADDRESS	11591 LOST TREE WAY	2.3 STREET ADDRESS	Delete
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	O'NEILL, ROGER	3.2 NAME	
STREET ADDRESS	11639 LOST TREE WAY	3.3 STREET ADDRESS	Delete
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☒ Change ☐ Addition
NAME	ROZELLE, PATRICIA	4.2 NAME	
STREET ADDRESS	104A SEA OATS DRIVE	4.3 STREET ADDRESS	522 E. TALLONGS DR
CITY-ST-ZIP	N. PALM BEACH FL	4.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE		5.1 TITLE	DVP ☐ Change ☒ Addition
NAME		5.2 NAME	McLaughlin, Philip
STREET ADDRESS		5.3 STREET ADDRESS	11637 Lost Tree Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. Palm Beach, FL 33408
TITLE		6.1 TITLE	D ST ☐ Change ☒ Addition
NAME		6.2 NAME	Bruce Vor Broker
STREET ADDRESS		6.3 STREET ADDRESS	11639 Lost Tree Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	N. Palm Beach, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Rozelle Patricia Rozelle 2/6/95 407-626-8033
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0040213