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
95 FEB 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756892 (6)

1. Corporation Name
LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
11555 LOST TREE WAY NORTH PALM BEACH FL 33408	11555 LOST TREE WAY NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1981
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2104920 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

PEW ROBERT C
11555 LOST TREE WAY
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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 [signature] ROBERT C. PEW/President February 15, 1995.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTR	1.1 TITLE	☐ Change ☐ Addition
NAME	PEW, ROBERT C	1.2 NAME	
STREET ADDRESS	11307 OLD HARBOUR ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP	
TITLE	VTR	2.1 TITLE	☐ Change ☐ Addition
NAME	WAIDNER, ROBERT A	2.2 NAME	
STREET ADDRESS	11573 TURTLE BCH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TTR	3.1 TITLE	☐ Change ☐ Addition
NAME	HICKEY, JOSEPH M JR.	3.2 NAME	
STREET ADDRESS	11260 OLD HARBOUR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VTR	4.1 TITLE	☐ Change ☐ Addition
NAME	TIDEMAN, SELIM N., JR.	4.2 NAME	
STREET ADDRESS	11969 LOST TREE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	CTR	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCALLUM, W.W.	5.2 NAME	
STREET ADDRESS	1020 LAKE HOUSE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VTR	6.1 TITLE	☐ Change ☐ Addition
NAME	HARNETT, JOSEPH D	6.2 NAME	
STREET ADDRESS	11090 TURTLE BEACH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	6.4 CITY-ST-ZIP	

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: [signature] ROBERT C. PEW/President 2-15-95 407-622-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048243