

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756892 (6)
1. Corporation Name
LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.



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

Mailing Address
11555 LOST TREE WAY
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
02/17/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
---	--	--	--	--	---

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
JAMES GILLIN

82 Street Address (P.O. Box Number is Not Acceptable)
11555 LOST TREE WAY

83

84 City
NORTH PALM BEACH FL 85 Zip Code
33408

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable:

JAMES GILLIN, President

March 27, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTR PEW, ROBERT C 11307 OLD HARBOUR ROAD N. PALM BEACH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTR WAIDNER, ROBERT A 11573 TURTLE BCH ROAD N. PALM BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TTR HICKEY, JOSEPH M JR. 11260 OLD HARBOUR RD N PALM BCH. FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTR TIDEMAN, SELIM N., JR. 11969 LOST TREE WAY N PALM BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CTR MCCALLUM, W.W. 1020 LAKE HOUSE DR. N. PALM BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTR HARNETT, JOSEPH D 11090 TURTLE BEACH RD N. PALM BEACH FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PTR GILLIN, JAMES 11354 Golf View Lane North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	EVTR JOHN W. FAUVER 11202 Turtle Beach Road North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VTR CLARE, DAVID R. 972 Lake House Drive North Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES GILLIN, President

3-27-96

Date

407/622-3780

Daytime Phone #

CR2E037 (12/95)