2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90065 017 ****61.25

DOCUMENT # 756892

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

20022648

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

03102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2104920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOWER, RAYMOND C
11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: Joseph M. Hickey
Street Address (P.O. Box Number is Not Acceptable): 11555 Lost Tree Way
City: North Palm Beach FL Zip Code: 33408

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: Jos. M. Hickey Joseph M. Hickey, President 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR TOWER, RAYMOND C 671 TURTLE BEACH RD NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR RICHMAN, JOHN M 1083 PALM WAY N. PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREV HICKEY, JOSEPH M JR. 11260 OLD HARBOUR RD N PALM BCH., FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COZAD, JAMES W 12094 LOST TREE WAY NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR SHALLCROSS, HOWARD A 11805 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR CALCAGNINI, ARTHUR B MRS. ~~11260 OLD HARBOUR RD~~ 11656 Lake House Court N. PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer/Trustee ☐ Change ☒ Addition Adams, Peter W. 12055 Turtle Beach Road North Palm Beach, FL 33408

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.

SIGNATURE: Jos. M. Hickey 3-15-05 Joseph M. Hickey, President 561-622-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #