

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90113 046 \*\*\*\*61.25

**DOCUMENT # 756892**

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-NP CR2E037 (11/05)

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

**HICKEY, JOSEPH M  
11555 LOST TREE WAY  
NORTH PALM BEACH, FL 33408**

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.

SIGNATURE

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, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ATT  
ADAMS, PETER W  
12055 TURTLE BEACH ROAD  
NORTH PALM BEACH, FL 33408** ☐ Delete

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  
**PTR  
HICKEY, JOSEPH M JR.  
11260 OLD HARBOUR RD  
N PALM BCH., FL** ☐ Delete

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  
**TTR  
SHALLCROSS, HOWARD A  
11805 TURTLE BEACH ROAD  
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTR  
CALCAGNINI, ARTHUR B MRS.  
11656 LAKE HOUSE COURT  
N. PALM BEACH, FL 33408** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**Secretary/Trustee  
Mr. Henry P. Baer  
732 Village Road  
North Palm Beach, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06

Date

Daytime Phone #

561-622-3780