

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90115 006 \*\*\*\*61.25

0036170

**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

4. FEI Number **59-2104920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25**

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 **PTR** ☐ Delete  
NAME **TOWER, RAYMOND C**  
STREET ADDRESS **671 TURTLE BEACH RD**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **VTR** ☐ Delete  
NAME **GRIEB, JOHN H**  
STREET ADDRESS **11437 OLD HARBOUR RD**  
CITY-ST-ZIP **N. PALM BEACH FL 33408**

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

TITLE **TTR** ☐ Delete  
NAME **HICKEY, JOSEPH M JR.**  
STREET ADDRESS **11260 OLD HARBOUR RD**  
CITY-ST-ZIP **N PALM BCH. FL**

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

TITLE **S** ☐ Delete  
NAME **COZAD, JAMES W**  
STREET ADDRESS **12094 LOST TREE WAY**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **CTR** ☐ Delete  
NAME **MCCALLUM, W.W.**  
STREET ADDRESS **2120 DEVONSHIRE WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE **VTR** ☒ Delete  
NAME **MRS JOSEPH M HICKEY JR**  
STREET ADDRESS **11260 OLD HARBOUR RD**  
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE ☐ Change ☐ Addition  
NAME **Mrs. Arthur B. Calcagnini**  
STREET ADDRESS **11656 Lake House Court**  
CITY-ST-ZIP **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:

*Joseph M. Hickey* (Treasurer) 5/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)