

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709386

**Entity Name:** LOST TREE CONDOMINIUM COTTAGES, INC.

**Current Principal Place of Business:**

11589 LOST TREE WAY  
N PALM BEACH, FL 34408

**Current Mailing Address:**

P O. BOX 14812  
N PALM BEACH, FL 34408 US

**FEI Number: 59-1914489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HARRIS, JAMES R  
4400 PGA BLVD  
SUITE 800  
PALM BEACH GARDENS, FL 33410 US

*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.*

**SIGNATURE: JAMES R. HARRIS**

**01/08/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JARIS, JUDY  
Address 11589 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

Title AS, ASST. SECRETARY  
Name FOURNIER, DAVID  
Address P.O BOX 14812  
City-State-Zip: NORTH PALM BEACHNS FL 33408

Title DIRECTOR  
Name MAGEE, SUSAN  
Address 11645 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

Title STD  
Name SAVARD, ODETTE  
Address 11589 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID FOURNIER**

**ASST. SECRETARY**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date