

2021 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:

JORGENSEN, JOHN M
4400 PGA BLVD
SUITE 603
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: JOHN M. JORGENSEN

05/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	AS, ASST. SECRETARY
Name	JARIS, JUDY	Name	KANE, BRIAN
Address	11589 LOST TREE WAY	Address	P.O BOX 14812
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACHNS FL 33408
Title	VP	Title	SECRETARY
Name	MAGEE, SUSAN	Name	SAVARD, ODETTE
Address	11645 LOST TREE WAY	Address	11639 LOST TREE WAY
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	TREASURER		
Name	ROGERS, MARGO		
Address	11589 LOST TREE WAY		
City-State-Zip:	N PALM BEACH FL 34408		

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: BRIAN KANE

MANAGER

05/10/2021

Electronic Signature of Signing Officer/Director Detail

Date