## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 709386** 

Entity Name: LOST TREE CONDOMINIUM COTTAGES, INC.

FILED
May 04, 2022
Secretary of State
5784596264CC

## **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

05/04/2022

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 K ANE

Electronic Signature of Signing Officer/Director Detail

05/04/2022

ASST. SECRETARY