

**2015 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 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: JAMES R. HARRIS**

**01/22/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	AS, ASST. SECRETARY
Name	JARIS, JUDY	Name	FOURNIER, DAVID
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, TREASURER
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

*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: FOURNIER, DAVID**

**ASSISTANT SECRETARY 01/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date