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.

AS

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

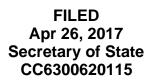
Name and Address of Current Registered Agent:

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				
	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, 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	

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date

04/26/2017