| 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

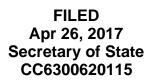
# Name and Address of Current Registered Agent:

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