FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 231450 (8)

1. Corporation Name
LOST TREE VILLAGE CORPORATION

Principal Place of Business	Mailing Address
ONE JOHN'S ISLAND DRIVE VERO BEACH FL 32963	ONE JOHN'S ISLAND DRIVE VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1959
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-0947833	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No	

9. Name and Address of Current Registered Agent

HELEN E. BAHL
ONE JOHN'S ISLAND DR
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BURNETT, ROBERT	1.2 NAME	BIGGS, MARGARET S.	
STREET ADDRESS	ONE JOHN'S ISLAND DR	1.3 STREET ADDRESS	ONE JOHN'S ISLAND DR	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	AST	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	EAKIN WILLIAM E.	2.2 NAME	REYNOLDS, SHEILA BIGGS	
STREET ADDRESS	ONE JOHN'S ISLAND DR	2.3 STREET ADDRESS	ONE JOHN'S ISLAND DR	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VS	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	RYAN ARTHUR W.	3.2 NAME	YAWN, TILARA E.	
STREET ADDRESS	ONE JOHN'S ISLAND DR	3.3 STREET ADDRESS	ONE JOHN'S ISLAND DR	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	CDT	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	BAHL, HELEN	4.2 NAME	BAHL, HELEN	
STREET ADDRESS	ONE JOHN'S ISLAND DR	4.3 STREET ADDRESS	ONE JOHN'S ISLAND DR	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	P	5.1 TITLE	P	☒ Change ☐ Addition
NAME	BAHL, HELEN	5.2 NAME	BAYER, JR., CHARLES M.	
STREET ADDRESS	ONE JOHN'S ISLAND DR.	5.3 STREET ADDRESS	ONE JOHN'S ISLAND DR	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen E Bahl 4/6/95 407-231-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

HELEN E. BAHL

607R3/93 CF