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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # 231450 (8)

1. Corporation Name

LOST TREE VILLAGE CORPORATION



Principal Place of Business

ONE JOHN'S ISLAND DRIVE
VERO BEACH FL 32963

Mailing Address

ONE JOHN'S ISLAND DRIVE
VERO BEACH FL 32963

3. Date Incorporated or Qualified

12/28/1959

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
STONE, HELEN E.

82 Street Address (P.O. Box Number is Not Acceptable)
1 JOHN'S ISLAND DRIVE

83

84 City
VERO BEACH

FL

85 Zip Code
32963

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 607.0503, Florida Statutes.

SIGNATURE

Helen E. Stone

Helen E. Stone

4-11-96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

BIGGS, MARGARET S
ONE JOHNS ISLAND DR
VERO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

REYNOLDS, SHEILA BIGGS
ONE JOHNS ISLAND DR
VERO BEACH F

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

YWAN, TILARA E
ONE JOHNS ISLAND DR
VERO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

BAHL, HELEN
ONE JOHNS ISLAND DR
VERO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

BYER, JR CHARLES M
ONE JOHNS ISLAND DR
VERO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

V

ZERBOCK, LAURA M.
1 JOHN'S ISLAND DRIVE
VERO BEACH, FL 32963

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

REYNOLDS, JOHN D.
1 JOHN'S ISLAND DRIVE
VERO BEACH, FL 32963

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

A/S

YAWN, TILARA E.
1 JOHN'S ISLAND DRIVE
VERO BEACH, FL 32963

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

C/D

STONE, HELEN E.
1 JOHN'S ISLAND DRIVE
VERO BEACH, FL 32963

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

P

BAYER, JR. CHARLES M.
1 JOHN'S ISLAND DRIVE
VERO BEACH, FL 32963

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Charles M. Bayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Bayer 4-11-96

Date

407-231-0900

Daytime Phone #

CR2E034 (12/95)