

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 231450

1. Entity Name
LOST TREE VILLAGE CORPORATION



Principal Place of Business
**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0947833

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STONE, HELEN E
3399 PGA BLVD.
SUITE 260
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VD
NAME SHAFER-BIGGS, MARGARET
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE AS
NAME STEVENS, CHARLES
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE STD
NAME CROSBY, SHEILA B
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE P
NAME BAYER, CHARLES M JR
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE V
NAME ZERBOCK, LAURA M
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE CD
NAME STONE, HELEN E
STREET ADDRESS 3399 PGA BLVD., STE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

000000316278
04/19/05-80068-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #