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 18 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **274087** **(6)**

1. Corporation Name

LOST TREE REAL ESTATE COMPANY

Principal Place of Business	Mailing Address
11555 LOST TREE WAY ADMINISTRATION BUILDING NORTH PALM BEACH FL 33408	11555 LOST TREE WAY ADMINISTRATION BUILDING NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1963**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-1059643** ☐ Applied For ☐ Not Applicable

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

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

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

BAHL, HELEN E.
1 JOHN'S ISLAND DRIVE
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 an officer) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	BAHL, HELEN E.	12 NAME	BAHL, HELEN E.	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	13 STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY ST ZIP	VERO BEACH FL	14 CITY ST ZIP	VERO BEACH, FL 32963	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	REYNOLDS, JOHN D.	22 NAME	REYNOLDS, JOHN D.	
STREET ADDRESS	1 JOHNS ISLAND DR.	23 STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY ST ZIP	VERO BEACH FL	24 CITY ST ZIP	VERO BEACH, FL 32963	
TITLE	SD	31 TITLE	VD	☒ Change ☐ Addition
NAME	BIGGS, MARGARET S.	32 NAME	BIGGS, MARGARET S.	
STREET ADDRESS	1 JOHN'S ISLAND DRIVE	33 STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY ST ZIP	VERO BEACH FL	34 CITY ST ZIP	VERO BEACH, FL 32963	
TITLE	TD	41 TITLE	STD	☒ Change ☐ Addition
NAME	REYNOLDS, SHEILA BIGGS	42 NAME	REYNOLDS, SHEILA BIGGS	
STREET ADDRESS	1 JOHN'S ISLAND,DRIVE	43 STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY ST ZIP	VERO BEACH FL	44 CITY ST ZIP	VERO BEACH, FL 32963	
TITLE	AST	51 TITLE	AS	☒ Change ☐ Addition
NAME	RYAN, ARTHUR W.	52 NAME	YAWN, TILARA E.	
STREET ADDRESS	1 JOHNS ISLAND DR.	53 STREET ADDRESS	1 JOHN'S ISLAND DRIVE	
CITY ST ZIP	VERO BEACH,. FL.	54 CITY ST ZIP	VERO BEACH, FL 32963	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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

0247328 CP