

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 24 PM 3:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morriam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 447118 (1)

1. Corporation Name
LOST TREE CLUB, INC.

| | |
|---|---|
| Principal Place of Business LOST TREE VILLAGE NORTH PALM BEACH FL 33408 | Mailing Address LOST TREE VILLAGE NORTH PALM BEACH FL 33408 |
|---|---|

DO NOT WRITE IN THIS SPACE.

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/04/1974 | 3a. Date of Last Report 04/26/1994 |
| 4. FEI Number 59-1556454 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MILLER, WANLESS & CHERRY, P.A.
1845 PALM BEACH LAKES BLVD
FLORIDA NATIONAL BANK TOWER, SUITE 1100
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

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 registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE P | NAME SCHUMACHER, ROBERT A | 1.1 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS LOST TREE VILLAGE | CITY-ST-ZIP N PALM BCH, FL 00000 | 1.2 NAME STICHNOTH, JOHN A. | |
| | | 1.3 STREET ADDRESS LOST TREE VILLAGE | |
| | | 1.4 CITY-ST-ZIP N.PALM BEACH, FL. 33408 | |
| TITLE T | NAME HIGBIE, CARLTON M JR | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS LOST TREE VILLAGE | CITY-ST-ZIP N PALM BCH, FL 00000 | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE S | NAME MULLEN, WILLIAM L | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS LOST TREE VILLAGE | CITY-ST-ZIP N PALM BCH, FL 00000 | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE AT | NAME BOLINGER, JOHN C | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS LOST TREE VILLAGE | CITY-ST-ZIP N PALM BCH, FL 00000 | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE V | NAME GILLIN, JAMES | 5.1 TITLE VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS LOST TREE VILLAGE | CITY-ST-ZIP N PALM BEACH FL | 5.2 NAME LAUG, RONALD | |
| | | 5.3 STREET ADDRESS LOST TREE VILLAGE | |
| | | 5.4 CITY-ST-ZIP NORTH PALM BEACH, FL. 33408 | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 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 affidavit.

SIGNATURE: C. M. HIGBIE DATE: 4/12/95 FILING FEE: 407-626-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR