

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified: 03/04/1974
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1556454	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	City & State		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24	Country	30	Country	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		10. Name and Address of New Registered Agent		
HILLER, WANLESS & CHERRY, P.A. 1645 PALM BEACH LAKES BLVD FLORIDA NATIONAL BANK TOWER, SUITE 1100 W. PALM BEACH FL 33401		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICHNOTH, JOHN A.	1.2 NAME	MULLEN, WILLIAM L.
STREET ADDRESS	LOST TREE VILLAGE	1.3 STREET ADDRESS	LOST TREE VILLAGE
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408
TITLE	T	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGBIE, CARLTON M JR	2.2 NAME	FRUEHAUF, HARVEY C., JR.
STREET ADDRESS	LOST TREE VILLAGE	2.3 STREET ADDRESS	LOST TREE VILLAGE
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408
TITLE	S	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, WILLIAM L	3.2 NAME	BOLINGER, JOHN C., JR.
STREET ADDRESS	LOST TREE VILLAGE	3.3 STREET ADDRESS	LOST TREE VILLAGE
CITY-ST-ZIP	N PALM BCH, FL 00000	3.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408
TITLE	AT	4.1 TITLE	ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLINGER, JOHN C	4.2 NAME	WELLS, WAYNE
STREET ADDRESS	LOST TREE VILLAGE	4.3 STREET ADDRESS	LOST TREE VILLAGE
CITY-ST-ZIP	N PALM BCH, FL 00000	4.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408
TITLE	V	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUG, RONALD	5.2 NAME	EWING, ROBERT P.
STREET ADDRESS	LOST TREE VILLAGE	5.3 STREET ADDRESS	LOST TREE VILLAGE
CITY-ST-ZIP	N PALM BEACH FL	5.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Harry C. Fruehauf Treasurer 4/9/96 407-626-1501

CP2E034 (12/95)