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FILED
May 16 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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: **05/01/1996**

2. Principal Place of Business: 21, 22, 23
 2a. Mailing Address: 26, 27, 28

4. FEI Number: **59-1556454**
 5. Certificate of Status Desired: \$8.75 Ad Fee Per

City & State: 22, 23
 City & State: 27, 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 Added to Fees

Zip: 24, 25
 Country: 25
 Zip: 29
 Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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
 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 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MULLEN, WILLIAM L.	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FRUEHAUF, HARVEY C. JR	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOLINGE, JOHN C. JR	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	NORTHPLAM BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WELLS, WAYNE	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EWING, ROBERT P.	
STREET ADDRESS	LOST TREE VILLAGE	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARVEY C. FRUEHAUF, JR.	
1.3 STREET ADDRESS	LOST TREE VILLAGE	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES R. HALL	
2.3 STREET ADDRESS	LOST TREE VILLAGE	
2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DWIGHT W. FAWCETT	
3.3 STREET ADDRESS	LOST TREE VILLAGE	
3.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVID R. CLARE	
5.3 STREET ADDRESS	LOST TREE VILLAGE	
5.4 CITY-ST-ZIP	NORTH PALM BEACH, FL. 33408	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: **CHARLES R. HALL**

5/1/97

CR2E034 (9/96)