

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90095 038 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 447118**

1. Corporation Name

**LOST TREE CLUB, INC.**



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-1556454**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24

25

29

30

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

**Martha S. Register**

82 Street Address (P.O. Box Number is Not Acceptable)

**11520 Lost Tree Way**

83

**Lost Tree Village**

84 City

**North Palm Beach**

**FL**

85 Zip Code

**33408**

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 *Martha S. Register* **Martha S. Register**

**3/16/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **P FRUEHAUF, HARVEY C**  
 STREET ADDRESS **LOST TREE VILLAGE**  
 CITY-ST-ZIP **N PALM BCH, FL 00000**

1.1 TITLE  Change  Addition  
 1.2 NAME **President**  
 1.3 STREET ADDRESS **Hall, Charles R.**  
 1.4 CITY-ST-ZIP **Lost Tree Village North Palm Beach, Fl. 33408**

TITLE  DELETE  
 NAME **T HALL, CHARLES R**  
 STREET ADDRESS **LOST TREE VILLAGE**  
 CITY-ST-ZIP **N PALM BCH, FL 00000**

2.1 TITLE  Change  Addition  
 2.2 NAME **Treasurer**  
 2.3 STREET ADDRESS **Harnett, Joseph D.**  
 2.4 CITY-ST-ZIP **Lost Tree Village North Palm Beach, FL 33408**

TITLE  DELETE  
 NAME **S FAWCETT, DWIGHT W**  
 STREET ADDRESS **LOST TREE VILLAGE**  
 CITY-ST-ZIP **N PALM BCH, FL 33408**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **AT WELLS, WAYNE**  
 STREET ADDRESS **LOST TREE VILLAGE**  
 CITY-ST-ZIP **N PALM BCH, FL 00000**

4.1 TITLE  Change  Addition  
 4.2 NAME **Assistant Treasurer**  
 4.3 STREET ADDRESS **Schmitt, F. Eugene**  
 4.4 CITY-ST-ZIP **Lost Tree Village North Palm Beach, Fl. 33408**

TITLE  DELETE  
 NAME **VP CLARE, DAVID R**  
 STREET ADDRESS **LOST TREE VILLAGE**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Dwight W Fawcett* **Dwight W. Fawcett**

**3/16/99**

**(561) 626-1501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)