

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447118

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: LOST TREE CLUB, INC.

**Current Principal Place of Business:**

LOST TREE VILLAGE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

LOST TREE VILLAGE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 59-1556454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, LINDA  
11520 LOST TREE WAY  
NORTH PALM BEACH, FL 33408      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GERMANO, LOUIS A  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T ( ) Delete  
Name: GRIZZARD, BONNIE  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP ( ) Delete  
Name: SYRON, BERNIE  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S ( ) Delete  
Name: BENNETT, JAMES  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NAU, ROBERT  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ODEEN, MARJORIE H  
Address: LOST TREE VILLAGE  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE H. ODEEN

S

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date