

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447118

FILED
Feb 15, 2010
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:

11520 LOST TREE WAY
NORTH PALM BEACH, FL 33408

Current Mailing Address:

LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408

New Mailing Address:

11520 LOST TREE WAY
NORTH PALM BEACH, FL 33408

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
Name: BEVERLY, GEORGE W JR
Address: LOST TREE VILLAGE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T
Name: CALCAGNINI, DONALD P
Address: LOST TREE VILLAGE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP
Name: HICKEY, JOSEPH M
Address: LOST TREE VILLAGE
City-St-Zip: NORTH PALM BEACH, FL 33408

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD P CALCAGNINI

T

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date