

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90053 047 ****61.25

DOCUMENT # 709386

1. Entity Name

LOST TREE CONDOMINIUM COTTAGES, INC.



Principal Place of Business

155581 LOST TREE WAY
N PALM BEACH FL 34408
US

Mailing Address

P.O. BOX 14812
NO. PALM BEACH FL 33408
US

30012704



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1914489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCUEN, NEWELL H.
11581 LOST TREE WAY
N. PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

PATRICIA ROZELLE

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

5069 MAGNOLIA BAY CIR.

PALM BEACH GARDENS

City

FL

Zip Code

33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Rozelle, asst Secy PATRICIA ROZELLE - 2/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCCUEN, NEWELL H.	
STREET ADDRESS	11581 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	ROZELLE, PATRICIA	
STREET ADDRESS	522 E. TALL OAKS DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRANT, HAROLD	
STREET ADDRESS	11599 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, PANGBURN	
STREET ADDRESS	11631 LOST TREEWAY	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELLE, PATRICIA	
STREET ADDRESS	5069 MAGNOLIA BAY CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITHERS, WILLIAM	
STREET ADDRESS	3429 DEVONSHIRE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEATHAM, CELESTE	
STREET ADDRESS	11639 LOST TREE WAY	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Rozelle, asst Secy* - PATRICIA ROZELLE - 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #