

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 027 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1914489	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROZELLE, PATRICIA - 5069 MAGNOLIA BAY CIR PALM BEACH GARDENS FL 33418				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAYE, KEVIN		NAME		
STREET ADDRESS	11599 LOST TREE WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP		
TITLE	DAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROZELLE, PATRICIA		NAME		
STREET ADDRESS	5069 MAGNOLIA BAY CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITHERS, WILLIAM		NAME		
STREET ADDRESS	3429 DEVONSHIRE WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINDS, MARY LUE		NAME		
STREET ADDRESS	11637 LOST TREE WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D PATRICIA STICHNOTH	
STREET ADDRESS			STREET ADDRESS	11611 LOST TREE WAY	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **PATRICIA ROZELLE** 2/16/08-561-626-8033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR