

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709386

FILED
Jan 30, 2009
Secretary of State

Entity Name: LOST TREE CONDOMINIUM COTTAGES, INC.

Current Principal Place of Business:

155581 LOST TREE WAY
N PALM BEACH, FL 34408 US

New Principal Place of Business:

11599 LOST TREE WAY
N PALM BEACH, FL 34408 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1914489 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROZELLE, PATRICIA
5069 MAGNOLIA BAY CIR
PALM BEACH GARDENS, FL 33418 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAYE, KEVIN
Address: 11599 LOST TREE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DAS () Delete
Name: ROZELLE, PATRICIA,
Address: 5069 MAGNOLIA BAY CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: HINDS, MARY LUE
Address: 11637 LOST TREE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: STICHNOTH, PATRICIA
Address: 1611 LOST TREE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MAGEE, BRIAN
Address: 11645 LOST TREE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VPD (X) Change () Addition
Name: STICHNOTH, PATRICIA
Address: 1611 LOST TREE WAY
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROZELLE

AS

01/30/2009

Electronic Signature of Signing Officer or Director

Date