

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710382

FILED
Jan 06, 2006
Secretary of State

Entity Name: LOST TREE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11237 VILLAGE ROAD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11237 VILLAGE ROAD
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1216913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, SUSAN
11237 VILLAGE ROAD
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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAUG, RONALD
Address: 11237 VILLAGE ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: MOORE, WILLIAM
Address: 11237 VILLAGE ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: BROADHEAD, JAMES
Address: 11237 VILLAGE RD.
City-St-Zip: N PALM BEACH, FL 33408

Title: S () Delete
Name: FARRELL, SUSAN
Address: 12091 185TH ST. N.
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: MAYCEN, KATHLEEN
Address: 11237 VILLAGE RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: O'HEARN, WALTER D
Address: 11237 VILLAGE RD.
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN FARRELL

SEC

01/06/2006

Electronic Signature of Signing Officer or Director

Date