## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710382**

FILED Jan 03, 2008 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
LOST TRE	LAGE ROAD EE VILLAGE ALM BEACH, F	FL 33408			
Current Mailing Address:			New Maili	New Mailing Address:	
LOST TRE	LAGE ROAD EE VILLAGE ALM BEACH, F	FL 33408			
FEI Number:	59-1216913	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
NORTH PA	.AGE ROAD ALM BEACH, F		urness of changing i	to registered office or registered egent, or both	
	e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAUG, RONALE 11237 VILLAGE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOORE, WILLI 11237 VILLAGE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () SHALLCROSS, 11237 VILLAG N PALM BEACH	RD.	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition SHALLCROSS, HOWARD 11237 VILLAGE RD. N PALM BEACH, FL 33408	
Title: Name: Address: City-St-Zip:	S () FARRELL, SUS 12091 185TH S JUPITER, FL 3	ST. N.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MAYCEN, KATH 11237 VILLAGE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition SIMCOKE, JAMES 11237 VILLAGE RD. NORTH PALM BEACH, FL 33408	
Title: Name: Address: City-St-Zip:	O'HEARN, WAL 11237 VILLAGE		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MARTIN, GERRY 11237 VILLAGE RD. 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: SUSAN FARRELL S 01/03/2008