

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710382

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

11237 LOST TREE WAY  
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 LOST TREE WAY  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

MILTON, JAMES  
11237 LOST TREE WAY  
NORTH PALM BEACH, FL 33408 US

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: JAMES MILTON

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ERMEL, FREDERICK  
Address: 11237 LOST TREE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP  
Name: O'HEARN, WALTER  
Address: 11237 LOST TREE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T  
Name: MILTON, JAMES  
Address: 11237 LOST TREE WAY  
City-St-Zip: N PALM BEACH, FL 33408

Title: S  
Name: MILTON, JAMES  
Address: 11237 LOST TREE WAY.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: MCLEOD, PETER  
Address: 11237 LOST TREE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: MILANESE, ROBERT  
Address: 11237 LOST TREE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby 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 all other like empowered.

SIGNATURE: JAMES MILTON

S

01/05/2012

Electronic Signature of Signing Officer or Director

Date