

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90065 017 ****61.25

DOCUMENT # 756892

1. Entity Name
LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.



Principal Place of Business
**11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408**

Mailing Address
**11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408**

20022648



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2104920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWER, RAYMOND C
11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
Joseph M. Hickey

Street Address (P.O. Box Number is Not Acceptable)

11555 Lost Tree Way

City

North Palm Beach

FL

Zip Code
33408

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

Joseph M. Hickey

Joseph M. Hickey, President

3-15-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTR
TOWER, RAYMOND C
671 TURTLE BEACH RD
NORTH PALM BEACH, FL 33408** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTR
RICHMAN, JOHN M
1083 PALM WAY
N. PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREV
HICKEY, JOSEPH M JR.
11260 OLD HARBOUR RD
N PALM BCH., FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COZAD, JAMES W
12094 LOST TREE WAY
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TTR
SHALLCROSS, HOWARD A
11805 TURTLE BEACH ROAD
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTR
CALCAGNINI, ARTHUR B MRS.
11260 OLD HARBOUR RD
N. PALM BEACH, FL 33408** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Treasurer/Trustee
Adams, Peter W.
12055 Turtle Beach Road
North Palm Beach, FL 33408** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph M. Hickey

Joseph M. Hickey, President 561-622-3780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #