

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 756892 1. Entity Name LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 11555 LOST TREE WAY NORTH PALM BEACH, FL 33408	Mailing Address 11555 LOST TREE WAY NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE

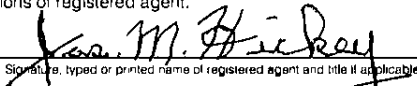


01082008 No Chg-NP CR2E037 (4/06)

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 HICKEY, JOSEPH M 11555 LOST TREE WAY NORTH PALM BEACH, FL 33408
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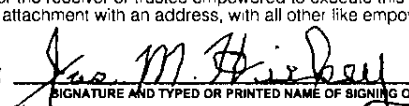
DO NOT WRITE IN THIS SPACE

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  Signature, typed or printed name of registered agent and title if applicable	DATE A-30-08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000947235 06/02/08-800006-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATT ADAMS, PETER W 12055 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR RICHMAN, JOHN M 1083 PALM WAY N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR HICKEY, JOSEPH M JR. 11260 OLD HARBOUR RD N PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAER, HENRY P MR 732 VILLAGE RD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR SHALLCROSS, HOWARD A 11805 TURTLE BEACH ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR CALCAGNINI, ARTHUR B MRS. 11656 LAKE HOUSE COURT N. PALM BEACH, FL 33408

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JOSEPH M. HICKEY PRESIDENT Date A-30-08 Daytime Phone # 561-622-3780