2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 756892

Entity Name: LOST TREE VILLAGE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11555 LOST TREE WAY
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2104920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKEY, JOSEPH M
11555 LOST TREE WAY
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:	ATT	( ) Delete
Name:	ADAMS, PETER W	
Address:	12055 TURTLE BEACH ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VTR	( ) Delete
Name:	RICHMAN, JOHN M	
Address:	1083 PALM WAY	
City-St-Zip:	N. PALM BEACH, FL 33408	
Title:	PTR	( ) Delete
Name:	HICKEY, JOSEPH M JR.	
Address:	11260 OLD HARBOUR RD	
City-St-Zip:	N PALM BCH., FL	
Title:	ST	( ) Delete
Name:	BAER, HENRY P MR	
Address:	732 VILLAGE RD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	TTR	( ) Delete
Name:	SHALLCROSS, HOWARD A	
Address:	11805 TURTLE BEACH ROAD	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	VTR	( ) Delete
Name:	CALCAGNINI, ARTHUR B MRS.	
Address:	11656 LAKE HOUSE COURT	
City-St-Zip:	N. 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
Name:	
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 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: JOSEPH M. HICKEY PRES 02/24/2009

Electronic Signature of Signing Officer or Director — Date