

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766013

FILED  
Feb 11, 2006  
Secretary of State

**Entity Name:** LOST VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 1796  
JUPITER, FL 33458

**New Principal Place of Business:**

PO BOX 30746  
PALM BEACH GARDENS, FL 33420

**Current Mailing Address:**

PO BOX 1796  
JUPITER, FL 33458

**New Mailing Address:**

PO BOX 30746  
PALM BEACH GARDENS, FL 33420

FEI Number: 59-2517146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEASTER, KEVIN  
17369 SENTIMENTAL JOURNEY  
JUPITER, FL 33458 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: PD ( ) Delete  
Name: FEASTER, KEVIN  
Address: 17369 SENTIMENTAL JORUNEY  
City-St-Zip: JUPITER, FL 33458

Title: CD ( ) Delete  
Name: KATANICK, RUSSELL  
Address: 17409 SENTIMENTAL JOURNEY  
City-St-Zip: JUPITER, FL 33458

Title: CD ( ) Delete  
Name: SAPPORITO, ANDREW  
Address: 17373 SENTIMENTAL JOURNEY  
City-St-Zip: JUPITER, FL 33458

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW SAPPORITO

D

02/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date