

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16058 (2)

1. Corporation Name

LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

104A SEA OATS DRIVE
P.O. BOX 14812
N. PALM BEACH FL 33408

104A SEA OATS DRIVE
P.O. BOX 14812
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified **07/28/1986** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11211 Prosperity Farms Rd	26 P.O. Box 14812	59-1606834	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 206C	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Palm Beach Gardens, FL	28 No. Palm Beach, FL		
Zip	Country	29 Zip	30 Country
24 33410	25 USA	29 33408	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROZELLE, PATRICIA
522 E. TALL OAKS DR.
PALM BEACH FL 33410**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESSNER, GILBERT	1.2 NAME	
STREET ADDRESS	2 CHURCH LANE #120-121	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROZELLE, PATRICIA	2.2 NAME	D Douglas McClure
STREET ADDRESS	104A SEA OATS DR	2.3 STREET ADDRESS	5 Church Lane # 149/150
CITY-ST-ZIP	JUNO BEACH FL	2.4 CITY-ST-ZIP	N. Palm Beach, FL 33408
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, MILLARD M.	3.2 NAME	D
STREET ADDRESS	5 CHURCH LANE #151-152	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT, HAROLD	4.2 NAME	P D
STREET ADDRESS	4 CHURCHLANE #137/138	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELLE, PATRICIA	5.2 NAME	
STREET ADDRESS	104A SEA OATS DR	5.3 STREET ADDRESS	522 E. Tall Oaks Dr
CITY-ST-ZIP	JUNO BEACH FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP W. Frank Godwin
STREET ADDRESS		6.3 STREET ADDRESS	4 Church Lane # 141/142
CITY-ST-ZIP		6.4 CITY-ST-ZIP	N. Palm Beach, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Rozelle Patricia Rozelle Asst Sec 3/6/96 407-833-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)