

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 11211 PROSPERITY FARMS RD STE 209C PALM EBACH GARDESNF L 33410 US | Mailing Address P O BOX 14812 P.O. BOX 14812 N PALM BEACH FL 33408-0812 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/28/1986 | 3a. Date of Last Report 03/13/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 11380 Prosperity Farms Rd | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 Ste 216 B | Suite, Apt. #, etc. 27 |
| City & State 23 Palm Beach Gardens, FL | City & State 28 |
| Zip 24 33410 | Country 25 USA |
| | Country 30 |

| | |
|--|--|
| 4. FEI Number 59-1606834 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | STD <input type="checkbox"/> DELETE |
| NAME | ROESSNER, GILBERT |
| STREET ADDRESS | 2 CHURCH LANE #120-121 |
| CITY-ST-ZIP | N. PALM BEACH FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MCCLURE, DOUGLAS |
| STREET ADDRESS | 5 CHURCH LANE 149/150 |
| CITY-ST-ZIP | N PALM BEACH FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | GREER, MILLARD M. |
| STREET ADDRESS | 5 CHURCH LANE #151-152 |
| CITY-ST-ZIP | N. PALM BEACH FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | PETIT, HAROLD |
| STREET ADDRESS | 4 CHURCHLANE #137/138 |
| CITY-ST-ZIP | N. PALM BEACH FL |
| TITLE | AS <input type="checkbox"/> DELETE |
| NAME | ROZELLE, PATRICIA |
| STREET ADDRESS | 522 E TALL OAKS DR |
| CITY-ST-ZIP | PALM BEACH GARDES N FL |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | GODWIN, W FRANK |
| STREET ADDRESS | 4 CHURCH LANE 141/142 |
| CITY-ST-ZIP | N PALM BEACH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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* _____

CR2E037 (9/96)