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**Mar 16 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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
**11380 PROSPERITY FARMS ROAD
STE 216 B
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**P O BOX 14812
P.O. BOX 14812
N PALM BEACH FL 33408
US**

3. Date Incorporated or Qualified
07/28/1986

4. FEI Number
59-1606834

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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 checked="" type="checkbox"/> DELETE
NAME	MCCLURE, DOUGLAS	
STREET ADDRESS	5 CHURCH LANE 149/150	
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 GARDEN 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Keegan, John	
1.3 STREET ADDRESS	5 Church Lane, #159	
1.4 CITY-ST-ZIP	No. Palm Beach, FL 33408	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Greer, Mary Therese	
2.3 STREET ADDRESS	5 Church Lane, #151/152	
2.4 CITY-ST-ZIP	No Palm Beach, FL 33408	
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 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* **Patricia Rozelle 522 E Tall Oaks 33410 561/626-8033**

CR2E037 (10/97)