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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16058

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
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2. Principal Place of Business 21 1-5 Church Lane	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/28/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1606834 Applied For Not Applicable
City & State 23 No. Palm Beach, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33408	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input 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	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEAGON, JOHN	2.2 NAME	KEEGAN, JOHN
STREET ADDRESS	5 CHURCH LANE. #159	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT, HAROLD	3.2 NAME	
STREET ADDRESS	4 CHURCHLANE #137/138	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZELLE, PATRICIA	4.2 NAME	
STREET ADDRESS	522 E TALL OAKS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDES N FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, W FRANK	5.2 NAME	
STREET ADDRESS	4 CHURCH LANE 141/142	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREAR, MARY THERESA	6.2 NAME	GREAR, MARY THERESA
STREET ADDRESS	5 CHURCH LANE. #151/152	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED PATRICIA ROZELLE 4/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)