

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90021 015 ****61.25

DOCUMENT # N16058

1. Entity Name

LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4 CHURCH LANE
 120 PALM BCH FL 33408
 US

P O BOX 14812
 P.O. BOX 14812
 N PALM BEACH FL 33408
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1606834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

283 BOUGAINVILLEA DR.

City

JUPITER

FL

Zip Code

33458

8. 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

Patricia Rozelle **PATRICIA ROZELLE**

2-20-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **ROESSNER, GILBERT**
 STREET ADDRESS **2 CHURCH LANE #120-121**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KEEGAN, JOHN**
 STREET ADDRESS **5 CHURCH LANE, #159**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **PETIT, HAROLD**
 STREET ADDRESS **4 CHURCHLANE #137/138**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **ROZELLE, PATRICIA**
 STREET ADDRESS **522 E TALL OAKS DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE Change Addition
 NAME
 STREET ADDRESS **283 BOUGAINVILLEA DR.**
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **VP** Delete
 NAME **GODWIN, W FRANK**
 STREET ADDRESS **4 CHURCH LANE 141/142**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GREER, MARY THERESE**
 STREET ADDRESS **5 CHURCH LANE, #151/152**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Rozelle* **PATRICIA ROZELLE** **2-20-02** **561-676-8033**

CR2E037 (9/01)