


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 028 ****61.25

DOCUMENT # N16058
1. Entity Name
LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1-5 CHURCH LANE
NO. PALM BCH FL 33408
US**
Mailing Address: **P O BOX 14812
P.O. BOX 14812
N PALM BEACH FL 33408
US**

50016823



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-1606834**
Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**ROZELLE, PATRICIA
283 BOUGAINVILLEA DRIVE
JUPITER FL 33458**

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): **5069 MAGNOLIA BAY CIR.
PALM BEACH GARDENS**
City: **FL** Zip Code: **33418**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: GEHRKE, DNN STREET ADDRESS: 2 CHURCH LANE #135 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: KEEGAN, JOHN STREET ADDRESS: 5 CHURCH LANE, #159 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE: PD NAME: PETIT, HAROLD STREET ADDRESS: 4 CHURCHLANE #137/138 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE: AS NAME: ROZELLE, PATRICIA STREET ADDRESS: 283 BOUGAINVILLEA DRIVE CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE: VP NAME: INGHAM, HARVEY STREET ADDRESS: 3 CHURCH LANE 127 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
TITLE: D NAME: GREER, MARY THERESE STREET ADDRESS: 5 CHURCH LANE, #151/152 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 5069 MAGNOLIA BAY CIR. CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *2-11-05 561-626-8033*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #