

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 009 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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
5069 MAGNOLIA BAY CIR
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☐ Delete
NAME: FORBES, STEWART
STREET ADDRESS: 2 CHURCH LANE #114
CITY-STATE-ZIP: NORTH PALM BEACH FL 33408

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

TITLE: PD ☒ Delete
NAME: PETIT, HAROLD
STREET ADDRESS: 4 CHURCH LANE #137/138
CITY-STATE-ZIP: NORTH PALM BEACH FL 33408

TITLE: AS ☐ Delete
NAME: ROZELLE, PATRICIA
STREET ADDRESS: 5069 MAGNOLIA BAY CIR
CITY-STATE-ZIP: PALM BEACH GARDENS FL 33418

TITLE: VP ☒ Delete
NAME: INGHAM, HARVEY
STREET ADDRESS: 3 CHURCH LANE 127
CITY-STATE-ZIP: NORTH PALM BEACH FL 33408

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VP ☒ Change ☐ Addition
NAME: FORBES, STEWART
STREET ADDRESS: 2 CHURCH LANE #114
CITY-STATE-ZIP: N. PALM BEACH, FL 33408

TITLE: PD ☒ Change ☐ Addition
NAME: KEEGAN, JOHN
STREET ADDRESS: 5 CHURCH LANE
CITY-STATE-ZIP: N. PALM BEACH, FL 33408

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Change ☒ Addition
NAME: JANET RIDER
STREET ADDRESS: 1 CHURCH LANE #107
CITY-STATE-ZIP: N. PALM BEACH, FL 33408

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - 2/16/07 561-626-8033