

# 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



<b>DOCUMENT # N16058</b> 1. Entity Name <b>LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business		Mailing Address	
1-5 CHURCH LANE NO. PALM BCH FL 33408 US		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	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROZELLE, PATRICIA</b> <b>5069 MAGNOLIA BAY CIR</b> <b>PALM BEACH GARDENS FL 33418</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	VP
NAME	FORBES, STEWART	NAME	FORBES, STEWART
STREET ADDRESS	2 CHURCH LANE #114	STREET ADDRESS	2 CHURCH LANE #114
CITY ST ZIP	NORTH PALM BEACH FL 33408	CITY ST ZIP	N. PALM BEACH, FL 33408
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	PD
NAME	KEEGAN, JOHN	NAME	KEEGAN, JOHN
STREET ADDRESS	5 CHURCH LANE, #159	STREET ADDRESS	5 CHURCH LANE
CITY ST ZIP	NORTH PALM BEACH FL 33408	CITY ST ZIP	N. PALM BEACH, FL 33408
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	PETIT, HAROLD	NAME	
STREET ADDRESS	4 CHURCH LANE #137/138	STREET ADDRESS	
CITY ST ZIP	NORTH PALM BEACH FL 33408	CITY ST ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	TITLE	
NAME	ROZELLE, PATRICIA	NAME	
STREET ADDRESS	5069 MAGNOLIA BAY CIR	STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL 33418	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	D
NAME	INGHAM, HARVEY	NAME	JANET RIDER
STREET ADDRESS	3 CHURCH LANE 127	STREET ADDRESS	1 CHURCH LANE #107
CITY ST ZIP	NORTH PALM BEACH FL 33408	CITY ST ZIP	N. PALM BEACH, FL 33408
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	GREER, MARY THERESE	NAME	
STREET ADDRESS	5 CHURCH LANE, #151/152	STREET ADDRESS	
CITY ST ZIP	NORTH PALM BEACH FL 33408	CITY ST ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 - 2/16/07 626-8033** 561-