

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 30, 2009
Secretary of State**

DOCUMENT# N16058

Entity Name: LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1-5 CHURCH LANE
NO. PALM BCH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1606834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZELLE, PATRICIA
5069 MAGNOLIA BAY CIR
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FORBES, STEWART
Address: 2 CHURCH LANE #114
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD () Delete
Name: KEEGAN, JOHN
Address: 5 CHURCH LANE, #159-160
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: CORNELIUS, GOLDINE
Address: 3 CHURCH LANE, #133-134
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: AS () Delete
Name: ROZELLE, PATRICIA,
Address: 5069 MAGNOLIA BAY CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: GREER, MARY THERESE
Address: 5 CHURCH LANE, #151/152
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RIDER, JANET
Address: 1 CHURCH LANE - NO.107/108
City-St-Zip: NORTH PALM BEACH, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROZELLE

AS

01/30/2009

Electronic Signature of Signing Officer or Director

Date