

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16058

FILED  
Jan 30, 2009  
Secretary of State

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