

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16058

FILED
Feb 08, 2010
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
Name: FORBES, STEWART
Address: 2 CHURCH LANE #114
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA ROZELLE

SECY

02/08/2010

Electronic Signature of Signing Officer or Director

Date