

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N34611** (6)

1. Corporation Name  
**LOST TREE UTILITIES CORPORATION**



Principal Place of Business: **%J. RICHARD HARRIS, 11237 VILLAGE RD., N. PALM BEACH FL 33408**  
Mailing Address: **11237 VILLAGE RD., N. PALM BEACH FL 33408, US**

3. Date Incorporated or Qualified: **10/10/1989**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-1577912**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**PAPP, MAUREEN W., 11237 VILLAGE RD., N. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
81 Name: **Herrle, Ted S.**  
82 Street Address (P.O., Box Number is Not Acceptable): **11237 Village Rd.**  
83  
84 City: **N. Palm Beach** FL 85 Zip Code: **33408**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **May 28, 96**

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWER, RAYMOND C</b>	
STREET ADDRESS	<b>671 TURTLE BCH RD</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILLET, RICHARD M</b>	
STREET ADDRESS	<b>933 LAKE HOUSE DR SO</b>	
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, JR. R</b>	
STREET ADDRESS	<b>11914 TURTLE BCH RD</b>	
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAPP, MAUREEN W.</b>	
STREET ADDRESS	<b>21 PALMETTO WAY</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARNETT, JOSEPH D</b>	
STREET ADDRESS	<b>11090 TURTLE BEACH RD</b>	
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEM, LAWRENCE R</b>	
STREET ADDRESS	<b>11042 TURTLE BEACH ROAD, GREATHOUSE D.</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DT Kertley, James J.</b>
2.3 STREET ADDRESS	<b>11788 Lake House Ct.</b>
2.4 CITY-ST-ZIP	<b>N. Palm Beach, FL 33408</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S Herrle, Ted S.</b>
4.3 STREET ADDRESS	<b>6325 Pompano St.</b>
4.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>600001854866</b>
5.4 CITY-ST-ZIP	<b>-06/07/96--01003--033</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>***61.25</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ted S. Herrle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)