

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1577912

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPP, MAUREEN W.
11237 VILLAGE RD.
N. PALM BEACH FL 33408

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, or 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, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

May 28, 96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME TOWER, RAYMOND C
STREET ADDRESS 671 TURTLE BCH RD
CITY-ST-ZIP NORTH PALM BEACH FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME GILLET, RICHARD M
STREET ADDRESS 933 LAKE HOUSE DR SO
CITY-ST-ZIP N. PALM BEACH FL ☒ DELETE

2.1 TITLE DT
2.2 NAME Kerley, James J.
2.3 STREET ADDRESS 11788 Lake House Ct.
2.4 CITY-ST-ZIP N. Palm Beach, FL 33408 ☒ Change ☐ Addition

TITLE D
NAME WHITE, JR. R
STREET ADDRESS 11914 TURTLE BCH RD
CITY-ST-ZIP N. PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME PAPP, MAUREEN W.
STREET ADDRESS 21 PALMETTO WAY
CITY-ST-ZIP TEQUESTA FL ☒ DELETE

4.1 TITLE S
4.2 NAME Herrle, Ted S.
4.3 STREET ADDRESS 6325 Pompano St.
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE P
NAME HARNETT, JOSEPH D
STREET ADDRESS 11090 TURTLE BEACH RD
CITY-ST-ZIP N. PALM BEACH FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
600001854866
-06/07/96--01003--033

TITLE D
NAME KEM, LAWRENCE R
STREET ADDRESS 11042 TURTLE BEACH ROAD, GREATHOUSE D.
CITY-ST-ZIP NORTH PALM BEACH FL ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
***61.25 ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (12/95)