## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORID- DEPARTMENT OF STATE

Sandra . Mortham

Secretary Create DIVISION OF CORPORATIONS

DOCUMENT #

(6)

## **LOST TREE UTILITIES CORPORATION**

Principal Plac	e of Business	Mailing Address					iet eien efent eten e	)
NJ. ŘICHARD HARRIS 11237, VILLAGE RD. N. PÁLM BEACH FL. 83406		11237 VILLAGE RD. N. PALM BEACH FL 33408 US						
And the second of the second o		The contract of the second of			<ol> <li>Date Incorporated or Qualified 10/10/1989</li> </ol>	3a. Date of Last Report 06/06/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	,	Applied For
21		26				59-157 <b>7</b> 912		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			7	B. Ourittender of Older Bredeni	<b>\$8.</b>	75 Additional
22		27				5. Certificate of Status Desired	Fe	e Required
City & State	a	City & State	<del>-</del> 7 ·			6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	— Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   30   9. Name and Address of Current Registered Agent				Ftorida Statutes Yes No  10. Name and Address of New Registered Agent			
	y, Name and Address of Corrent	Registered Agent		81 Name		10. Name and Address of New Neg	istalen Whetir	
	-			INAILIE				
HERPLE, TED S			ſ	82 Street	et Address (P.O. Box Number is Not Acceptable)			
11237 VILLAGE RD.			<u> </u>	83				····
	M BEACH FL 33408		į					
فمر			ſ	84 City			FL 85	Zip Code
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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	DIRECTORS	13.	·- <u>-</u>		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	DV	DELETE	1.1 10	LE	26	· · > C = -	<b>★</b> Cha	ange Addition
NAME	TOWER, RAYMOND C		1.2 NA	ME	w	HITE, R.F., JR.		
STREET ADDRESS	671 TURTLE BCH RD		1.3 STI	REET ADDRESS		37 VILLAGE RD		
CITY-ST-ZIP	NORTH PALM BEACH FL		1.4 CIT	Y-ST-ZIP		TH PALM BEACH, FL		
TITLE	DT	DELETÉ	2.1 TIT	LE.	37	N DARFEE C	<b>5⊠</b> Cha	ange 🔲 Addition
NAME	KERLEY, JAMES J		2.2 NA	WE	PEC	N, ROBERT C. 37 UILLAGE RD.		
STREET ADDRESS	1178 LAKE HOUSE CT.		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	N PALM BCH FL 33408			Y-ST-ZIP		TH PALM BEACH, FL ?	33408	
TITLE	D	DELETE	3.1 TIT		DV	murge fichard	Cha	ange [_] Addition
NAME	WHITE, JR. R		3.2 NA			1 · 1 · · · · · · · · · · · · · · · · ·	-	ļ
STREET ADDRESS	11914 TURTLE BCH RD			ieet address	1112	BTUILLAGE RD	121	
CITY-ST-ZIP	N. PALM BEACH FL	☐ DELETE		Y-ST-ZIP	100	1711 PAIM BrACH		inge Addition
TITLE	S MEDDOLE TED 6	☐ OEFEIE	4.1 7(7)		1	S. HERRLE	Cha	unde 🗀 Word(10))
NAME	HERRRLE, TED S 6325 POMPANO ST.		4.2 NA		TET	of pompano ST		
STREET ADDRESS		10		EET ADDRESS			EL 331	418
CITY-ST-ZIP TITLE	PALM BCH GARDENS FL 334	DELETE	4.4 CH	Y-ST-ZIP	1 Part	m BEACH CARDENS;	☐ Cha	
NAME	HARNETT, JOSEPH D	ACT OFFICE	5.1 III			·	- UN	The Franciscott
STREET ADDRESS	11090 TURTLE BEACH RD			NEET ADDRESS	1			
CITY-ST-ZIP	N. PALM BEACH FL		1	Y-ST-ZIP	1			
TITLE	17. I ALM DENOTITE	☐ DELETE	5.4 CII		╁┈		Cha	inge Addition
NAME			6.2 NA		1			
STREET ADDRESS				REET ADDRESS	]			ì
CITY-ST-ZIP				Y-\$T-7IP	1			]

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED** 

Jun 27 1997 8:00am

Secretary of State