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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34611** (6)

1. Corporation Name

LOST TREE UTILITIES CORPORATION

Principal Place of Business

Mailing Address

WJ. RICHARD HARRIS
11237 VILLAGE RD.
N. PALM BEACH FL 33408

11237 VILLAGE RD.
N. PALM BEACH FL 33408
US

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

59-1577912

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRLE, TED S
11237 VILLAGE RD.
N. PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 familiar 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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, R J JR	
STREET ADDRESS	11237 VILLAGE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	PEW, ROBERT C	
STREET ADDRESS	11237 VILLAGE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REMYNGER, RICHARD	
STREET ADDRESS	11237 VILLAGE RD	
CITY-ST-ZIP	NORTH PALM BEACH FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HERREL, TED S	
STREET ADDRESS	6325 POMPANO ST.	
CITY-ST-ZIP	PALM BCH GARDENS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Skinner, James F.	
1.3 STREET ADDRESS	11237 Village Road	
1.4 CITY-ST-ZIP	North Palm Beach, FL. 33408	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cozad, James	
3.3 STREET ADDRESS	11237 Village Road	
3.4 CITY-ST-ZIP	North Palm Beach, FL. 33408	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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.

SIGNATURE:

SIGNATURE REQUIRED

4/8/98 661-622-7047

CR2E037 (10/97)