

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90188 009 ****61.25

DOCUMENT # N34611

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

59-1577912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 provisions 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

PAUL E. SOUSA

4/10/99

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SKINNER, JAMES F
STREET ADDRESS 11237 VILLAGE RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE DT ☒ DELETE

NAME PEW, ROBERT C
STREET ADDRESS 11237 VILLAGE RD
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE DV ☐ DELETE

NAME COZAD, JAMES
STREET ADDRESS 11237 VILLAGE RD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE S ☒ DELETE

NAME HERREL, TED S
STREET ADDRESS 6325 POMPANO ST.
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DELANEY, PHILIP A.

2.3 STREET ADDRESS 11237 VILLAGE Rd.

2.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SOUSA, PAUL E.

4.3 STREET ADDRESS 11237 VILLAGE RD

4.4 CITY-ST-ZIP NORTH PALM BEACH

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 appropriate address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

561/622-7047

Daytime Phone #

CR2E037 (11/98)