2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102726

1. Entity Name
LOST TREE PRESERVE, INC.

Principal Place of Business	Mailing Address
3399 PGA BLVD STE 260 PALM BEACH GARDENS, FL 33410	3399 PGA BLVD STE 260 PALM BEACH GARDENS, FL 33410

02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1370146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, HELEN E
3399 PGA BLVD STE 260
PALM BEACH GARDENS, FL 33410

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAYER, CHARLES M JR
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	STONE, HELEN E
STREET ADDRESS	3399 PGA BLVD., STE. 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	ZERBOCK, LAURA
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	SHAFFER, MARGARET B
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	T
NAME	CROSBY, SHEILA B
STREET ADDRESS	3399 PGA BLVD., STE 260
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/06-80015-017 150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Laura Zerbock 2.21.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #