

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000102726

1. Entity Name
LOST TREE PRESERVE, INC.



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

Mailing Address
**3399 PGA BLVD STE 260
PALM BEACH GARDENS, FL 33410**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1370146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000908280
05/06/08-80022-018 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Helen E Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-08 **561-**
626-9711