

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16058

Entity Name: LOST TREE CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1-5 CHURCH LANE
NO. PALM BCH, FL 33408

Current Mailing Address:

P. O. BOX 14812
NO. PALM BCH, FL 33408 US

FEI Number: 59-1606834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JORGENSEN, JOHN M
4400 PGA BLVD
SUITE 603
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: JOHN M. JORGENSEN

03/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name FORBES, STEWART
Address 2 CHURCH LANE #114
City-State-Zip: NORTH PALM BEACH FL 33408

Title PD
Name KEEGAN, JOHN
Address 5 CHURCH LANE, #159-160
City-State-Zip: NORTH PALM BEACH FL 33408

Title D, TREASURER
Name DALE , ROBERT
Address 1-5 CHURCH LANE
City-State-Zip: NO. PALM BCH FL 33408

Title AS
Name KANE, BRIAN
Address 1-5 CHURCH LANE
City-State-Zip: NO. PALM BCH FL 33408

Title SD
Name MILLER, ARDEN
Address 1-5 CHURCH LANE
City-State-Zip: NO. PALM BCH FL 33408

Title D
Name HYNES, THOMAS
Address 1-5 CHURCH LANE
City-State-Zip: NO. PALM BCH FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN KANE

MANAGER

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date