

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231450

Entity Name: LOST TREE VILLAGE CORPORATION**Current Principal Place of Business:**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**3399 PGA BLVD
SUITE 260
PALM BEACH GARDENS, FL 33410**FEI Number:** 59-0947833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONE, HELEN E
3399 PGA BLVD.
SUITE 260
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VD
Name	SHAFFER-BIGGS, MARGARET
Address	3399 PGA BLVD., STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AS
Name	STEVENS, CHARLES
Address	3399 PGA BLVD., STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	STD
Name	CROSBY, SHEILA B
Address	3399 PGA BLVD.,STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	P
Name	BAYER, CHARLES MJR
Address	3399 PGA BLVD., STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	V
Name	STEVENS, CHARLES
Address	3399 PGA BLVD., STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	CD
Name	STONE, HELEN E
Address	3399 PGA BLVD., STE 260
City-State-Zip:	PALM BEACH GARDENS FL 33410

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES STEVENS

AS

01/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date