

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 447118

**Entity Name:** LOST TREE CLUB, INC.

**Current Principal Place of Business:**

11520 LOST TREE WAY  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

11520 LOST TREE WAY  
NORTH PALM BEACH, FL 33408

**FEI Number:** 59-1556454

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BAYLISS, RICHARD HJR  
11520 LOST TREE WAY  
NORTH PALM BEACH, FL 33408 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            PRESIDENT  
Name            BAXTER, JAMESON  
Address        LOST TREE CLUB  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            BETTI, JOHN A  
Address        LOST TREE CLUB  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            SECRETARY  
Name            BODMAN, DIANE  
Address        11520 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            COO  
Name            BAYLISS, RICHARD H  
Address        11520 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            CFO  
Name            HUNT, PAULA JEAN  
Address        11520 LOST TREE WAY  
City-State-Zip: NORTH PALM BEACH 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAULA JEAN HUNT

CFO

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date