



**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

2/

02-16-2007 90044 035 \*\*\*\*61.25

<b>DOCUMENT # N06000000282</b> 1. Entity Name <b>LOST KEY GOLF &amp; BEACH CLUB SITE 18 MASTER          CONDOMINIUM ASSOCIATION, INC.</b>				
Principal Place of Business <b>24301 WALDEN CENTER DRIVE          SUITE 300          BONITA SPRINGS, FL 34134</b>		Mailing Address <b>24301 WALDEN CENTER DRIVE          SUITE 300          BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		
				
		01242007 Chg-NP CR2E037 (12/06)		
		4. FEI Number <b>20-4110620</b>	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b> <b>HASTINGS, VIVIEN N          24301 WALDEN CENTER DRIVE          SUITE 300          BONITA SPRINGS, FL 34134</b>				
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>				
<b>Filing Fee is \$61.25          Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREEDING, DAVID 13587 PERDIDO KEY DRIVE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO VAUGHN, DANNY 13587 PERDIDO KEY DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HODO, BRENDA 13587 PERDIDO KEY DRIVE PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLEAN, DAVID 24301 WALDEN CENTER DR BONITA SPRINGS, FL. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIEBOUT-TOURON, MARGIENNE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEITH, SYLVIA 24301 WALDEN CENTER DR. BONITA SPRINGS, FL. 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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.				
<b>SIGNATURE: <i>Sylvia Keith</i> SYLVIA KEITH</b>		<b>2/7/07 813-642-1454</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date Office Phone</small>		