

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000000282

1. Entity Name
LOST KEY GOLF & BEACH CLUB SITE 18 MASTER CONDOMINIUM ASSOCIATION, INC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 SEP 11 PM 3:09

Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134
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2. Principal Place of Business - No P.O. Box # 614 Lost Key Dr	3. Mailing Address 614 Lost Key Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08202007 Chg-NP CR2E037 (12/06)

City & State Pensacola FL	City & State Pensacola FL	4. FEI Number 20-4110620	Applied For Not Applicable
Zip 32507	Country	Zip 32507	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 SUITE 300
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name **Meyer Real Estate of Florida, Inc**
 Street Address (P.O. Box Number is Not Acceptable)
13700 Perdido Key Dr
Building B suite 125
 City **Pensacola FL** Zip Code **32507**

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 (NOTE: Registered Agent signature required when reinstating)

DATE **8-28-07**

800109593388
 09/18/07--01065--002 **61 25

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MCLEAN, DAVID	24301 WALDEN CENTER DR.	BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/>
VD	VAUGHN, DANNY	13587 PERDIDO KEY DRIVE	PENSACOLA, FL 32507	<input checked="" type="checkbox"/>
S	KEITH, SYLVIA	34301 WALDEN CENTER DR.	BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/>
TD	TIEBOUT-TOURON, MARCIENNE	24301 WALDEN CENTER DR	BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	William Clark	100 Highpoint Dr	Gulf Breeze, FL 32561	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	JC Engelbrecht	4000 Abbey Rd	Syracuse, NY 13215	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Creed Spann	132 Blue Heron Dr	Hot Springs, AR 71913	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	David Hirsch	PO Box 15775	Hattiesburg, MS 39404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Directory	Larkin Radney	226 Willow Wood	Alexander City, AL 35010	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

B 9/12/07

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.

SIGNATURE: **Director & VP.** Date **9/4/07** Daytime Phone # **850 492 4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR