


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 024 ****61.25

DOCUMENT # N06000000282							
1. Entity Name LOST KEY GOLF & BEACH CLUB SITE 18 MASTER CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 614 LOST KEY DR SUITE 300 PENSACOLA, FL 32507		Mailing Address 614 LOST KEY DR SUITE 300 PENSACOLA, FL 32507					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-4110620			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MEYER REAL ESTATE OF FLORIDA, INC. 13700 PERDIDO KEY DR BUILDING B SUITE 125 PENSACOLA, FL 32507			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		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							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, WILLIAM		NAME				
STREET ADDRESS	60 HIGHPOINT DR		STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGBRECHT, JC		NAME				
STREET ADDRESS	4000 ABBEY RD		STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE, NY 13215		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPANN, CREED		NAME				
STREET ADDRESS	132 BLUE HERON DR		STREET ADDRESS				
CITY-ST-ZIP	HOT SPRINGS, AR 71913		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIRSCH, DAVID		NAME				
STREET ADDRESS	P.O. BOX 15775		STREET ADDRESS				
CITY-ST-ZIP	HATTIESBURG, MS 39404		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADNEY, LARKIN		NAME				
STREET ADDRESS	226 WILLOW WOOD		STREET ADDRESS				
CITY-ST-ZIP	ALEXANDER CITY, AL 35010		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 life empowered.							
SIGNATURE _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							



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