

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000282

FILED
Jan 25, 2011
Secretary of State

Entity Name: LOST KEY GOLF & BEACH CLUB SITE 18 MASTER CONDOMONIUM ASSOCIATION, INC.

Current Principal Place of Business:

614 LOST KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34200
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-4110620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, SAMUEL B
13753 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CLARK, WILLIAM
Address: 60 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D
Name: MENDOLA, JOSEPH
Address: 180 GREEN MEADOW LANE
City-St-Zip: FAYETTEVILLE, GA 30215

Title: T
Name: SPANN, CREED
Address: 132 BLUE HERON DR
City-St-Zip: HOT SPRINGS, AR 71913

Title: S
Name: ENGELBRECHT, BONNIE
Address: 616 LOST KEY DR UNIT # 704A
City-St-Zip: PENSACOLA, FL 32507

Title: VP
Name: RADNEY, LARKIN
Address: 226 WILLOW WOOD
City-St-Zip: ALEXANDER CITY, AL 35010

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

SIGNATURE: CREED SPANN

T

01/25/2011

Electronic Signature of Signing Officer or Director

Date