


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90020 027 \*\*\*\*61.25

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # N07000001161  |  |                             |  |
| 1. Entity Name<br>LOST KEY MARINA & YACHT CLUB MASTER ASSOCIATION, INC.  |  |  |  |
| Principal Place of Business<br>24301 WALDEN CENTER DR<br>BONITA SPRINGS, FL 34134  |  | Mailing Address<br>24301 WALDEN CENTER DR<br>BONITA SPRINGS, FL 34134  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>8409 No. Military Trl, Ste 123   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br>c/o Cheryl, Edgar & Smith, PA   |  |
| City & State   |  | City & State<br>Palm Beach Gardens, FL   |  |
| Zip  | Country  | Zip  | Country  |
|  |  | 33410  | USA  |
| 4. FEI Number<br>20-8363837  |  | Applied For<br>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  |  |
| HASTINGS, VIVIEN N<br>24301 WALDEN CENTER DR<br>STE 300<br>BONITA SPRINGS, FL 34134  |  | 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  | PD <input type="checkbox"/> Delete             | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   | CROSS, WANDA                                   | NAME   |  |
| STREET ADDRESS   | 13587 PERDIDO KEY DR                           | STREET ADDRESS   |  |
| CITY-ST-ZIP  | PENSACOLA, FL 32507                            | CITY-ST-ZIP  |  |
| TITLE  | VPD <input checked="" type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   | PLYE, TIM                                      | NAME   |  |
| STREET ADDRESS   | 13587 PERDIDO KEY DR                           | STREET ADDRESS   |  |
| CITY-ST-ZIP  | PENSACOLA, FL 32507                            | CITY-ST-ZIP  |  |
| TITLE  | S <input checked="" type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME   | KEITH, SYLVIA                                  | NAME   |  |
| STREET ADDRESS   | 24301 WALDEN CENTER DR                         | STREET ADDRESS   |  |
| CITY-ST-ZIP  | BONITA SPRINGS, FL 34134                       | CITY-ST-ZIP  |  |
| TITLE  | TD <input type="checkbox"/> Delete             | TITLE  | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | TIEBOUL-TOURON, MARCI                          | NAME   | Tiebout-Touron, Marcienne  |
| STREET ADDRESS   | 13587 PERDIDO KEY DR                           | STREET ADDRESS   | 13587 Perdido Key Dr   |
| CITY-ST-ZIP  | PENSACOLA, FL 32507                            | CITY-ST-ZIP  | Pensacola, FL 32507  |
| TITLE  | <input type="checkbox"/> Delete                | TITLE  | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME   |  | NAME   | Jones, Greg  |
| STREET ADDRESS   |  | STREET ADDRESS   | 24301 Walden Center Dr.  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  | Bonita Springs, FL 34134   |
| 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 like empowered. |  |  |  |
| SIGNATURE: _____   |  | Date   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Daytime Phone #  |  |