

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001161

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** LOST KEY MARINA & YACHT CLUB MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 20-8363937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134 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: PD  
Name: JONES, GREG  
Address: 14000 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: STD  
Name: PRICE, STEVEN  
Address: 14000 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: VPD  
Name: JOLLY, STEVEN  
Address: 24301 WALDEN SPRINGS DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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: GREG JONES

PD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date