

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT 16 PM 4:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N97000002092 (1)

1. Corporation Name

LOST KEY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

390 N. ORANGE AVE., STE. 1840
 ORLANDO FL 32801

390 N. ORANGE AVE., STE. 1840
 ORLANDO FL 32801

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

59-3527934

Applied For

Not Applicable

2. Principal Place of Business

21 645 Lost Key Drive
 Suite, Apt. #, etc.

2a. Mailing Address

26 645 Lost Key Drive
 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

23 Pensacola FL

City & State

28 Pensacola FL

Zip

24 32507

Country

25 Escambia

Zip

29 32507

Country

30 Escambia

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ROAT, GEORGE M
~~390 N. ORANGE AVE., STE. 1840~~
~~ORLANDO FL 32801~~
 645 Lost Key Dr.
 Perdido Key, FL
 Pensacola FL 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME ENDRY, JOSEPH M
 STREET ADDRESS 22A VIA DELUNA DR.
 CITY-ST-ZIP PENSACOLA FL 32561

TITLE DP DELETE
 NAME ROAT, GEORGE M
 STREET ADDRESS 390 N. ORANGE AVE., STE. 1840
 CITY-ST-ZIP ORLANDO FL 32801

TITLE DVST DELETE
 NAME SAVAGE, DAN
 STREET ADDRESS 390 N. ORANGE AVE., STE. 1840
 CITY-ST-ZIP ORLANDO FL 32801

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 400002668124--7
 -10/20/98-01059-013
 1.4 CITY-ST-ZIP *****61.25 *****61.25

2.1 TITLE DP Change Addition
 2.2 NAME Roat, George M.
 2.3 STREET ADDRESS 645 Lost Key Dr.
 2.4 CITY-ST-ZIP Perdido Key, FL 32507

3.1 TITLE DVT Change Addition
 3.2 NAME Savage, Dan
 3.3 STREET ADDRESS 645 Lost Key Dr.
 3.4 CITY-ST-ZIP Perdido Key, FL 32507

4.1 TITLE DS Change Addition
 4.2 NAME Hinterliter, Joan
 4.3 STREET ADDRESS 645 Lost Key Dr.
 4.4 CITY-ST-ZIP Perdido Key, FL 32507

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George M. Roat Pres. 9/15/98 850-492-6352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002582

CR2E037 (5/98)