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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000002092

1. Corporation Name  
LOST KEY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 645 LOFSKEY DRIVE, PENSACOLA FL 32507  
Mailing Address: 645 LOFSKEY DRIVE, PENSACOLA FL 32507



2. Principal Place of Business 21 645 Lost Key Drive Suite, Apt. #, etc. 22	2a. Mailing Address 26 645 Lost Key Drive Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 04/14/1997
23 City & State	28 City & State	4. FEI Number 59-3527934 Applied For Not Applicable
24 Zip Country	29 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

ROAT, GEORGE M 645 LOFSKEY DRIVE PENSACOLA FL 32507	81 Name	10. Name and Address of New Registered Agent
	82 Street Address (P.O. Box Number is Not Acceptable)	645 Lost Key Drive
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTERLITER, JOAN	1.2 NAME	
STREET ADDRESS	645 LOST KEY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERDIDO KEY FL 32507	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROAT, GEORGE M	2.2 NAME	
STREET ADDRESS	645 LOFSKEY DRIVE	2.3 STREET ADDRESS	645 Lost Key Drive
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, DAN	3.2 NAME	
STREET ADDRESS	645 LOFSKEY DRIVE	3.3 STREET ADDRESS	645 Lost Key Drive
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 850-492-6352  
Date Daytime Phone #

CR2E037 (1-1/98)