

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002092

FILED
Apr 27, 2005
Secretary of State

Entity Name: LOST KEY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR.
SUITE 200
BONITA SPRINGS, FL 34114

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DR.
SUITE 200
BONITA SPRINGS, FL 34114

New Mailing Address:

FEI Number: 59-3527934 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.
BONITA SPRINGS, FL 34114 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 () Delete
Name: HANLON, CHRISTOPHER J
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: VD () Delete
Name: CROSS, WANDA Z
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: STD () Delete
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANLON, CHRISTOPHER J
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: DP (X) Change () Addition
Name: CROSS, WANDA Z
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: T (X) Change () Addition
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34114

Title: DV () Change (X) Addition
Name: BREEDING, DAVID
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: S () Change (X) Addition
Name: HODO, BRENDA
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARCIENNE TIEBOUT-TOURON

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04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date