
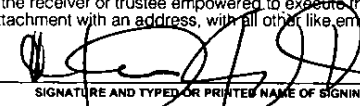


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-15-2008 90020 014 ****61.25

DOCUMENT # N9700002092			
1. Entity Name LOST KEY PLANTATION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 24301 WALDEN CENTER DR. SUITE 200 BONITA SPRINGS, FL 34114		Mailing Address 24301 WALDEN CENTER DR. SUITE 200 BONITA SPRINGS, FL 34114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>8409 No. Military Trl, Ste 123</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>C/O Cherry, Edgar & Smith, PA</i>	
City & State		City & State <i>Palm Beach Gardens, FL</i>	
Zip	Country	Zip <i>33410</i>	Country <i>USA</i>
4. FEI Number 59-3527934		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34114		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	DP CROSS, WANDA Z <input type="checkbox"/> Delete 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TIEBOUT-TOURON, MARCIENNE <input type="checkbox"/> Delete 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34114	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Tiebout-Touron, Marcienne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCLEAN, DAVID <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEITH, SYLVIA <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Jones, Greg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			