

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002092

FILED  
Jun 24, 2009  
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:**

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

**Current Mailing Address:**

8409 N MILITARY TRL STE 123  
C/O CHERRY, EDGAR & SMITH PA  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

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

**FEI Number:** 59-3527934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: DP      ( ) 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: VD      ( ) Delete  
Name: JONES, GREG  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: JONES, GREG  
Address: 14000 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: STD      (X) Change ( ) Addition  
Name: PRICE, STEVEN  
Address: 14000 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: VD      (X) Change ( ) Addition  
Name: PYLE, TIM  
Address: 14000 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN PRICE

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06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date