

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002092

**FILED**  
**Apr 29, 2010**  
**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:**

506 LOST KEY DRIVE  
PENSACOLA, FL 32507

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 34200  
PENSACOLA, FL 32507

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:**

STEPHENSON, BRIAN  
13753 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

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: BRIAN STEPHENSON

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HARKINS, GERRY  
Address: 817 CHALET HILLS  
City-St-Zip: MCDONOUGH, GA 30253

Title: STD  
Name: VINES, TONI  
Address: 528 LOST KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: VD  
Name: MIRABILE, JOE  
Address: 1900 WHITTEN RD  
City-St-Zip: MEMPHIS, TN 38133

I hereby 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 all other like empowered.

SIGNATURE: GERRY HARKINS

DP

04/29/2010

Electronic Signature of Signing Officer or Director

Date