


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700002092

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



FILED

03 NOV 25 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: ~~645 LOST KEY DR. PENSACOLA, FL 32507~~

Mailing Address: ~~645 LOST KEY DR. PENSACOLA, FL 32507~~



2. Principal Place of Business: 24301 Walden Center Dr., Suite 200

3. Mailing Address: 24301 Walden Center Dr., Suite 200



CHECK HERE IF MAKING CHANGES

City & State: Bonita Springs, FL

Zip: 34114

Country: LEE

4. FEI Number: **59-3527934**

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROAT, GEORGE M
645 LOST KEY DR.
PENSACOLA, FL 32507~~

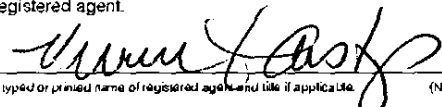
7. Name and Address of New Registered Agent

Name: Vivien N. Hastings

Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Drive

City: Bonita Springs, FL Zip Code: 34114

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:  Vivien N. Hastings 11/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees


Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HINTERLITER, JOAN	
STREET ADDRESS	645 LOST KEY DR.	
CITY-ST-ZIP	PERDIDO KEY, FL 32507	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ROAT, GEORGE M	
STREET ADDRESS	645 LOST KEY DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	SAVAGE, DAN	
STREET ADDRESS	645 LOST KEY DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D/P ?	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher J. Hanlon	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800025028238	
CITY-ST-ZIP	11/25/03--01038--001 **\$61.25 -	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wanda Z. Cross	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34114	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcienne Tiebout-Touron	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 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:  Wanda Z. Cross 11/11/03 (239 498-8605)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vice President/Director