

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010169

Entity Name: LOST KEY GOLF & BEACH CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

Current Mailing Address:

PO BOX 34200
PENSACOLA, FL 32507 US

FEI Number: 20-4035520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENSON, SAMUEL B
14000 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JONES, GREG
Address 14000 PERDIDO KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

Title VP
Name BARBER, RICHARD
Address 24301 WALDEN CNTR DR
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY, TREASURER
Name PRICE, STEVEN
Address 625 LOST KEY DRIVE
City-State-Zip: PENSACOLA FL 32507

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: GREG JONES

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date