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. 04/01/2015 SIGNATURE: BONNIE ENGELBRECHT PRESIDENT

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000282

Entity Name: LOST KEY GOLF & BEACH CLUB SITE 18 MASTER CONDOMONIUM ASSOCIATION, INC.

Current Principal Place of Business:

614 LOST KEY DR PENSACOLA, FL 32507

Current Mailing Address:

C/O STEPHENSON RESORT MANAGEMENT PO BOX 34200 PENSACOLA, FL 32507 US

FEI Number: 20-4110620

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

Officer/Director Detail :

Title	VP		Title	TREASURER
Name	ARMSTRONG, MARGARET		Name	SPANN, CREED
Address	616 LOST KEY DRIVE	Address	POST OFFICE BOX 23047	
City-State-Zip:	UNIT 301A PENSACOLA FL 32507		City-State-Zip:	HOT SPRINGS AR 71903
T :41 -	PRESIDENT ENGELBRECHT, BONNIE	Title	DIRECTOR	
Title		Name	MIRABILE, JOE	
Name		Address	1900 WHITTEN RD	
Address	616 LOST KEY DR UNIT 704A		City-State-Zip:	MEMPHIS TN 38133
City-State-Zip:	PENSACOLA FL 32507			
Title	SECRETARY			
Name	REID, CHARLES			
Address	2616 CARRIAGE PLACE			
City-State-Zip:	MOUNTAIN BROOK AL 35223			

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 01, 2015 Secretary of State CC7119201328

Certificate of Status Desired: No

Date