

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000282

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

FILED
Feb 04, 2016
Secretary of State
CC8205994462

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

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 VP
Name ARMSTRONG, MARGARET
Address 616 LOST KEY DRIVE
UNIT 301A
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name SPANN, CREED
Address POST OFFICE BOX 23047
City-State-Zip: HOT SPRINGS AR 71903

Title PRESIDENT
Name ENGELBRECHT, BONNIE
Address 616 LOST KEY DR
UNIT 704A
City-State-Zip: PENSACOLA FL 32507

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

Title SECRETARY
Name REID, CHARLES
Address 2616 CARRIAGE PLACE
City-State-Zip: MOUNTAIN BROOK AL 35223

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: BONNIE ENGELBRECHT

PRESIDENT

02/04/2016

Electronic Signature of Signing Officer/Director Detail

Date