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: CREED SPANN PRESIDENT 04/16/2013

Electronic Signature of Signing Officer/Director Detail

2013 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	SECRETARY	Title	PRESIDENT
	Name	MILAM, FRANCES	Name	SPANN, CREED
	Address	612 LOST KEY DRIVE UNIT 904B	Address City-State-Zip:	132 BLUE HERON DR
	City-State-Zip:			HOT SPRINGS AR 71913
	T '0.	VP	Title	DIRECTOR
	Title		Name	RADNEY, LARKIN
	Name	ENGELBRECHT, BONNIE	Address City-State-Zip:	226 WILLOW WOOD
	Address	616 LOST KEY DR UNIT 704A		ALEXANDER CITY AL 35010
	City-State-Zip:	PENSACOLA FL 32507		
	Title	TREASURER		
	Name	REID, CHARLES		
	Address	2616 CARRIAGE PLACE		
	City-State-Zip:	MOUNTAIN BROOK AL 35223		

04/16/2013 Date

Date

FILED Apr 16, 2013 Secretary of State CC7993919054

Certificate of Status Desired: No