


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90023 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765248**

1. Corporation Name  
**LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 34058 PENSACOLA FL 32507-1058	Mailing Address P.O. BOX 34058 PENSACOLA FL 32507-1058
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/30/1982	4. FEI Number 59-2377065 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent ALEXANDER, PATSY 14699 PERDIDO KEY DR A-2 PENSACOLA FL 32507	10. Name and Address of New Registered Agent 81 Name: <u>Becky Madolin</u> 82 Street Address (P.O. Box Number is Not Acceptable): <u>14180 Perdido Key Dr</u> 83 84 City: <u>Pensacola</u> FL 85 Zip Code: <u>32507</u>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Becky Madolin (NOTE: Registered Agent signature required when reinstating) DATE: 9/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ALEXANDER, PATSY 14699 PERDIDO KEY DR A-2 PENSACOLA FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	LEIB SR, JAMES M 14620 PERDIDO KEY DR PENSACOLA FL	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Alexander, Bill 14699 Perdido Key Dr. A-4 Pensacola, FL 32507
TITLE: SD	STEINSIEK, LOU 14590 PERDIDO KEY DR., B-3 PENSACOLA FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	EASLEY, CAROLYN 615 DELARONDE NEW ORLEANS LA	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST Mary Turner 14590 Perdido Key Dr Pensacola, FL 32507
TITLE: D	WELCH, VINNIE C 14580 PERDIDO KEY DR C-2 PENSACOLA FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Becky Madolin SIGNATURE REQUIRED: Mary Turner DATE: 9/14/99 DAYTIME PHONE #: 850-492-1808

CR2E037 (5/99)