

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90577 039 ****61.25

DOCUMENT # 765248

1. Entity Name

LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 34058
 PENSACOLA FL 32507-1058

P.O. BOX 34058
 PENSACOLA FL 32507-1058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2377065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, DEBORAH M
6200 DON CARLOS DRIVE
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD ALEXANDER, PATSY**
 STREET ADDRESS **14699 PERDIDO KEY DR A-2**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME **Patsy Alexander**
 STREET ADDRESS **14699 Perdido Key A-2**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE Delete
 NAME **S TURNER, MARY**
 STREET ADDRESS **14590 PERDIDO KEY DR. B-3**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME **DENNIS TURNER**
 STREET ADDRESS **14590 Perdido Key DR. B-3**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE Delete
 NAME **V LINDAMOOD, WILLIAM**
 STREET ADDRESS **14699 PERDIDO KEY DR. A-4**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME **William Lindamood**
 STREET ADDRESS **14699 Perdido Key DR A-4**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE Delete
 NAME **T DEES, LAWRENCE**
 STREET ADDRESS **14580 PEDIDO KEY DR. C-4**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME **BARBARA BALLARD**
 STREET ADDRESS **729 ROSELAND PKWY**
 CITY-ST-ZIP **HARSHAN, LA 70123**

TITLE Delete
 NAME **T ZOBOVA, PAMELA**
 STREET ADDRESS **14699 PERDIDO KEY DR A-6**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE Change Addition
 NAME **PAMELA ZOBOVA**
 STREET ADDRESS **14699 Perdido Key DR A6**
 CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Zobova*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 850 497-1947
 Date Daytime Phone #

CR2E037 (9/01)