


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90103 037 ****61.25

DOCUMENT # 765248			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2377065		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, DEBORAH M 6200 DON CARLOS DRIVE PENSACOLA, FL 32507		7. Name and Address of New Registered Agent Name <u>Kathryn L. Turner</u> Street Address (P.O. Box Number is Not Acceptable) <u>14699 Perdido Key Dr. A-4</u> City <u>Pensacola</u> FL Zip Code <u>32507</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Kathryn L. Turner</u> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <u>Kathryn L. Turner, Treas</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, DENNIS 14590 PERDIDO KEY DR. B-3 PENSACOLA, FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reitman, Eric 1704 E. Lee St. Pensacola FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RELTNAN, ERIC 1704 E. LEE STREET PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Horton, Gregory R. 32 DAVIS ROAD Troy MO 63379 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REESE, ROSS 10129 HUNTSMAN PATH PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Keese, Doss 10129 Huntsman Path Pensacola FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EASLEY, CAROLYN 615 DELORONDE STREET NEW ORLEANS, LA 70114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Turner, Kathryn L. 14699 Perdido Key Drive A-4 Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLARD, BARBARA 729 ROSELAND PKWY NEW ORLEANS, LA 70123 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whitner, Mike 5946 Bay Vista Dr Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kathryn L. Turner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE <u>Kathryn L. Turner</u> Treasurer	
		Date <u>01-24-04</u> Daytime Phone # <u>(850) 492-5209</u>	

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01242004 Chg-NP CR2E037 (10/03)