2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State

DOCUMENT # 765248 1. Entity Name LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.					į C	01-28-2005 9	0036 039 ****6	
Principal Place of Business Mailing Address P.O. BOX 34058 PENSACOLA, FL 32507-1058 Mailing Address P.O. BOX 34058 PENSACOLA, FL 32507-1058			7-1058	 -		Sing o 11841 81847 1821 81	5000	
Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005 C	hg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 59-237706	35		pplied For ot Applicable
Zip	Country	Zip	Country	,	5. Certificate of S	tatus Desired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Reg	gistered Agent	
i			N	lame [- 0 1			
14699 PER	KATHRYN RDIDO KEY DR A-4			Street Address (P.O. Box Number is Not Acceptable)				
PENSACC	DLA, FL 32507		10	302 E	Lakeview	Ave		
				ity 🕜			FL Zip Coo	503
8. The above	named entity submits this statement for	r the purpose of changing its	registered of	Yenso		the State of Flori		
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	tions of registered agent.			mice or register	20 2go.v., 0 / 20v./,			(
	tions of registered agent.	= Eric	Reit	man ent signature required			01/25/04	<u>+</u>
the obligat	tions of registered agent.	= Eric and title if applicable. (NO	Reit	man ent signature required		Mal	OV/25/04 bate ke check payable to be check payable to be check payable.	lo
the obligat	Signature, lyped or printed name of registered agent	= Eric and little if applicable. (NO: 9. Election Ca Trust Fund	Reit E: Registered Age	man ent signature required	\$5.00 May Be Added to Fees	Mai Florid	ke check payable to be check payable to be check payable to be checked as the che	lo itate
the obligated signature.	Signature, lyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	ReitEr Registered Age mpaign Finan Contribution.	man ant signature required	\$5.00 May Be Added to Fees	Mai Florid	ke check payable to a Department of S	to itate
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE: O1/25/04 850-492-4632
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date O241000 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR