


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-28-2005 90036 039 ****61.25

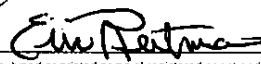
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DOCUMENT # 765248					
1. Entity Name LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 34058 PENSACOLA, FL 32507-1058			Mailing Address P.O. BOX 34058 PENSACOLA, FL 32507-1058		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377065	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
01102005		Chg-NP		CR2E037 (10/03)	



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TURNER, KATHRYN 14699 PERDIDO KEY DR A-4 PENSACOLA, FL 32507				Name <u>Eric Reitman</u>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<u>1902 E Lakeview Ave</u>			
				City <u>Pensacola</u>		FL Zip Code <u>32503</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  Eric Reitman DATE 01/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REITMAN, ERIC			NAME	Reitman, Eric		
STREET ADDRESS	1704 E. LEE ST			STREET ADDRESS	1902 E Lakeview Ave		
CITY-ST-ZIP	PENSACOLA, FL 32503			CITY-ST-ZIP	Pensacola FL 32503		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD/Treas.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORTON, GREGORY R			NAME	Johnson, Tim		
STREET ADDRESS	32 DAVIS RD.			STREET ADDRESS	14699 Perdido Key Dr A-9		
CITY-ST-ZIP	TROY, MO 63379			CITY-ST-ZIP	Pensacola FL 32507		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEESE, DOSS			NAME	Doss Keese		
STREET ADDRESS	10129 HUNTSMAN PATH			STREET ADDRESS	2937 Coral Strip Pkwy		
CITY-ST-ZIP	PENSACOLA, FL 32514			CITY-ST-ZIP	Gulf Breeze, FL 32563		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Asst Treas	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURNER, KATHRYN L			NAME	Ballard, Barbara		
STREET ADDRESS	14699 PERDIDO KEY DRIVE A-4			STREET ADDRESS	729 Roseland Pkwy		
CITY-ST-ZIP	PENSACOLA, FL 32507			CITY-ST-ZIP	Harahan, LA 70123		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITNER, MIKE			NAME	Whitner, Mike		
STREET ADDRESS	5946 BAY VISTA DR.			STREET ADDRESS	5946 Bay Vista Dr		
CITY-ST-ZIP	PENSACOLA, FL 32507			CITY-ST-ZIP	Pensacola, FL 32507		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  DATE 01/25/04 DAYTIME PHONE # 850-492-4632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR