

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765248

FILED
Feb 08, 2007
Secretary of State

Entity Name: LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 34058
PENSACOLA, FL 325071058

New Principal Place of Business:

14580 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

P.O. BOX 34058
PENSACOLA, FL 325071058

New Mailing Address:

FEI Number: 59-2377065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCH, JONNIE
1902 E LAKEVIEW AVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURCH, JONNIE
Address: 1902 E LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32503

Title: TREA () Delete
Name: JOHNSON, TIM
Address: 14699 PERDIDO KEY DR A-9
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: KEESE, BETTY
Address: 2937 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: AT () Delete
Name: MCKLVEEN, JACK
Address: 822 HALLBROOK LN
City-St-Zip: ALPHARETTA, GA 30004

Title: VP () Delete
Name: WHITNER, MIKE
Address: 5946 BAY VISTA DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: JOHNSON, TIM
Address: 4642 US HWY 278 WEST
City-St-Zip: CULLMAN, AL 35057

Title: AT (X) Change () Addition
Name: HORTON, GREG
Address: 32 DAVIS ROAD
City-St-Zip: TROY, MO 63379

Title: SD (X) Change () Addition
Name: MCKLVEEN, JACK
Address: 822 HALLBROOK LN
City-St-Zip: ALPHARETTA, GA 30004

Title: VP (X) Change () Addition
Name: ROBINSON, KRISTINE
Address: 13346 S. IRVING AVE.
City-St-Zip: BLUE ISLAND, IL 60406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONNIE BURCH

Electronic Signature of Signing Officer or Director

PD

02/08/2007

Date