

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765248

FILED
Feb 17, 2009
Secretary of State

Entity Name: LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502

New Principal Place of Business:

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:

BLANKENSHIP, SUZANNE ESQ
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: TREA () Delete
Name: JOHNSON, TIM
Address: 4642 US HWY 278 WEST
City-St-Zip: CULLMAN, AL 35057

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

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

Title: PRES () Delete
Name: ROBINSON, KRISTINE
Address: 13346 S. IRVING AVE.
City-St-Zip: BLUE ISLAND, IL 60406

Title: VP () Delete
Name: ARNOLD, KEVIN
Address: 1001 AVALON AVE
City-St-Zip: MUSCLE SHOALS, AL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VP (X) Change () Addition
Name: ARNOLD, KEVIN
Address: 1001 AVALON AVE
City-St-Zip: MUSCLE SHOALS, AL 35661

Title: MAL () Change (X) Addition
Name: KEESE, DOSS
Address: 2937 CORAL STRIP PARKWAY
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify 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: KRISTINE ROBINSON

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date