

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 765248

**FILED  
Sep 13, 2012  
Secretary of State**

**Entity Name:** LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

139 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

139 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502

**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  
139 EAST 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: SUZANNE BLANKENSHIP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TREA  
Name: JOHNSON, TIM  
Address: 4434 HARRIS VALLEY RD  
City-St-Zip: ATLANTA, GA 30327

Title: VP  
Name: ARNOLD, KEVIN L  
Address: 1001 AVALON AVE  
City-St-Zip: MUSCLE SHOALS, AL 35561

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

Title: PRES  
Name: ARNOLD, KEVIN  
Address: 1001 AVALON AVE  
City-St-Zip: MUSCLE SHOALS, AL 35661

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY A JOHNSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

09/13/2012

\_\_\_\_\_  
Date