


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-04-2003 90129 012 ****61.25

DOCUMENT # 765248
1. Entity Name
LOST KEY LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 34058 P.O. BOX 34058
PENSACOLA FL 32507-1058 PENSACOLA FL 32507-1058

55031531



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State
Zip Country Zip Country

4. FEI Number **59-2377065** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
~~WATERS, DEBORAH M~~
~~6200 DON CARLOS DRIVE~~
~~PENSACOLA FL 32507~~

7. Name and Address of New Registered Agent
Name None
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD	<input checked="" type="checkbox"/> Delete
NAME ALEXANDER, PATSY	
STREET ADDRESS 14689 PERDIDO KEY DR A-2	
CITY-ST-ZIP PENSACOLA FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME TURNER, MARY	
STREET ADDRESS 14580 PERDIDO KEY DR. B-3	
CITY-ST-ZIP PENSACOLA FL 32507	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME LINDAMOOD, WILLIAM	
STREET ADDRESS 14689 PERDIDO KEY DR. A-4	
CITY-ST-ZIP PENSACOLA FL 32507	
TITLE DEES, LAWRENCE	<input checked="" type="checkbox"/> Delete
NAME DEES, LAWRENCE	
STREET ADDRESS 14580 PERDIDO KEY DR. C-4	
CITY-ST-ZIP PENSACOLA FL 32507	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ZOBOVA, PAMELA	
STREET ADDRESS 14689 PERDIDO KEY DR A-6	
CITY-ST-ZIP PENSACOLA FL 32507	
TITLE D	<input type="checkbox"/> Delete
NAME BALLARD, BARBARA <i>Treasurer</i>	
STREET ADDRESS 729 ROSELAND PKWY	
CITY-ST-ZIP NEW ORLEANS LA 70123	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dennis Turner	
STREET ADDRESS 14590 Perdido Key Dr.	
CITY-ST-ZIP Pensacola FL 32507	
TITLE D <i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eric Keitman	
STREET ADDRESS 1704 E. Lee Street	
CITY-ST-ZIP Pensacola, FL 32503	
TITLE D <i>Dees Keese Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dees Keese	
STREET ADDRESS 10129 Huntsman Path	
CITY-ST-ZIP Pensacola, FL 32514	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Carolyn Eastay	
STREET ADDRESS 615 Delaronde Street	
CITY-ST-ZIP New Orleans, LA 70114	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** *Dennis Turner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dennis Turner, pres** 2-21-03 Daytona Beach

CR2E037 (10/02)