## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004482

Apr 14, 2009 Secretary of State

Entity Name: SAN ANTON AT LOST KEY GOLF & BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

24301 WALDEN CENTER DRIVE 13700 PERDIDO KEY DR SUITE 300 PENSACOLA, FL 32507

BONITA SPRINGS, FL 34134

**New Mailing Address: Current Mailing Address:** 

13700 PERDIDO KEY DR 24301 WALDEN CENTER DRIVE SUITE 300 SUITE 25-26 BONITA SPRINGS, FL 34134 PENSACOLA, FL 32507

FEI Number: 26-0142570 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HASTINGS, VIVIEN N MEYER REAL ESTATE 13700 PERDIDO KEY DR 24301 WALDEN CENTER DRIVE SUITE 25-26 SUITE 300 BONITA SPRINGS, FL 34134 US PENSACOLA, FL 32507 US

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: LES WILLIAMS 04/14/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition CROSS, WANDA Z JONES, GREG Name: Name: 13587 PERDIDO KEY DRIVE Address: 13587 PERDIDO KEY DRIVE Address:

City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: () Delete Title: () Change () Addition TIEBOUT-TAURON, MARCIENNE Name: Name:

Address: 24301 WALDEN CTR. DR. Address: City-St-Zip: BONITA SPRINGS, FL 34139 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

GREEN, RON Name: Name: Address: 222 MEETING LANE Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip:

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: GREG JONES VD 04/14/2009