

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008406

FILED
Apr 30, 2009
Secretary of State

Entity Name: LOST KEY MARINA DRY STORAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 94-3447427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N.
24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS, FL 34134 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: D () Delete
Name: CROSS, WANDA
Address: 13587 PERDIDO KEY D.R
City-St-Zip: PENSACOLA, FL 32507

Title: DVP () Delete
Name: PYLE, TIM
Address: 10045 SINTON DR.
City-St-Zip: PENSACOLA, FL 32507

Title: P () Delete
Name: JONES, GREG
Address: 24301 WALDEN CENTER DR., STE. 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST (X) Delete
Name: TIEBOUT-TOURON, MARCI
Address: 24301 WALDEN CENTER DR., STE. 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES, GREG
Address: 14000 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: DVP (X) Change () Addition
Name: PYLE, TIM
Address: 14000 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: DST (X) Change () Addition
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DR., STE. 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
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: MARCIENNE TIEBOUT-TOURON

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date