

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004482

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

Current Principal Place of Business:

645 LOST KEY DR
PENSACOLA, FL 32507

Current Mailing Address:

908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US

FEI Number: 26-0142570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFEY, KIM
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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: KIM COFFEY

04/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------------|
| Title | PRESIDENT |
| Name | GREEN, RONALD |
| Address | 3445 STRAFFORD ROAD UNIT 403 |
| City-State-Zip: | ATLANTA GA 30326 |
| Title | TREASURER |
| Name | WELLS, RUSSELL |
| Address | PO BOX 231 |
| City-State-Zip: | MADISONVILLE LA 70447 |
| Title | DIRECTOR |
| Name | PARKER, JOHN |
| Address | 650 MOUNT PARAN RD. NW |
| City-State-Zip: | ATLANTA GA 30327 |

| | |
|-----------------|--------------------|
| Title | VP |
| Name | CARTER, JOEY |
| Address | 4757 FRANK LUKE DR |
| City-State-Zip: | ADDISON TX 75001 |
| Title | SECRETARY |
| Name | MIRABILE, JOSEPH |
| Address | 1900 WHITTEN RD |
| City-State-Zip: | MEMPHIS TN 38133 |

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: JOHN PARKER

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date