

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001012

**Entity Name:** RESORT VILLAS AT LOST KEY GOLF & BEACH CLUB  
HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504

**Current Mailing Address:**

908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US

**FEI Number: 81-1415078**

**Certificate of Status Desired: No**

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

PACITTI, AMANDA  
14000 PERDIDO KEY DRIVE  
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: PACITTI, AMANDA

05/26/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLBURN, SCOTT  
Address 3832 RIDGECREST DRIVE  
City-State-Zip: SOUTHPORT NC 28461

Title VPD  
Name CLEVELAND, MICHAEL  
Address 6538 CARLINGA DRIVE  
City-State-Zip: PENSACOLA FL 32507

Title STD  
Name MACDONALD, KAREN  
Address 485 ORLEANS STREET  
City-State-Zip: GULF SHORES AL 36542

*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: MACDONALD, KAREN

SECRETARY

05/26/2020

Electronic Signature of Signing Officer/Director Detail

Date