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: WALSH, CAMERON

Electronic Signature of Signing Officer/Director Detail

2024 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

Name and Address of Current Registered Agent:

ETHERIDGE, KEVIN 908 GARDENGATE CIRCLE PENSACOLA, FL 32504 US Certificate of Status Desired: No

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	E ETHERIDGE, KEVIN	04/29/2024						
	Electronic Signature of Registered Agent			Date				
Officer/Director Detail :								
Title	PRESIDENT	Title	VP					
Name	ROBERTSON, KELLY	Name	SANDERS , BILL					
Address	6568 CARLINGA DR.	Address	6524 CARLINGA DR					
City-State-Zip:	PENSACOLA FL 32507	City-State-Zip:	PENSACOLA FL 32507					
Title	SECRETARY, TREASURER	Title	DIRECTOR					
Name	WALSH, CAMERON	Name	LYNCH, ROB					
Address	900 BACCARAT DR	Address	908 GARDENGATE CIRCLE					
City-State-Zip:	CINNCINATTI OH 45245	City-State-Zip:	PENSACOLA FL 32504					
Title	DIRECTOR							
Name	VETTE, LEIGH							
Address	6534 CARLINGA DR							
City-State-Zip:	PENSACOLA FL 32504							

SECRETARY

04/29/2024

FILED Apr 29, 2024 Secretary of State 6060338811CC

Date