

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90111 020 ****61.25

DOCUMENT # 765525

1. Entity Name

COLONY KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609
 US

115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609
 US

2. Principal Place of Business

5530 1st Ave. No.

3. Mailing Address

90 cmb P.O. Box 47068

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg Fl.

City & State

St. Petersburg Fl.

4. FEI Number

59-0153910

Applied For

Not Applicable

Zip

33710

Country

Pinellas

Zip

33743

Country

Pinellas

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNIQUE PROPERTY SERVICES, INC.

**115 S. DALE MABRY
 SUITE 300
 TAMPA FL 33609**

Name *Debra R Lisheid*

Street Address (P.O. Box Number is Not Acceptable)

5530 1st Ave. No.

City *St. Petersburg*

FL

Zip Code

33710

8. 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

Debra R Lisheid

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZACHARY, MARGERY	
STREET ADDRESS	5108. BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SP P	<input type="checkbox"/> Delete
NAME	BARTON, DEBNE	
STREET ADDRESS	2607 BALLAST	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD J P	<input type="checkbox"/> Delete
NAME	BROWN, JUDY	
STREET ADDRESS	5103 JULES VERN	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, DIANA	
STREET ADDRESS	26110BALLAST PT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DIANE	
STREET ADDRESS	5109 ISLES VERRO CT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	NELSON, GREG	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, LOUISE	
STREET ADDRESS	5109 Jules Verne Ct.	
CITY-ST-ZIP	Tampa Fl. 33611	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, Greg	
STREET ADDRESS	5116 Bayshore Blvd.	
CITY-ST-ZIP	Tampa Fl. 33611	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra R Lisheid
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)