

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90083 037 \*\*\*\*61.25

0102015

**DOCUMENT # 765525**

1. Entity Name

**COLONY KEY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

5530 1ST AVE. N  
SAINT PETERSBURG FL 33710  
US

Mailing Address

C/O CMG PO BOX 47068  
ST. PETERSBURG FL 33743  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0153910**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LISHEID, DEBRA R  
5530 1ST AVE. N  
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name **RONALD P. WELTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**5530 1ST AVENUE NORTH**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald P. Welton* **RONALD P. WELTON** **5/28/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NELSON, GREG</b> <b>5116 BAYSHORE BLVD.</b> <b>TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTON, DEBNE</b> <b>2607 BALLAST</b> <b>TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BROWN, JUDY</b> <b>5103 JULES VERN</b> <b>TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SMITH, DIANE</b> <b>26110 BALLAST PT.</b> <b>TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELDS, LOUISE</b> <b>5109 ISLES VERRO CT</b> <b>TAMPA FL 33611</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Anita Hlister</b> <b>5107 Jules Vern</b> <b>Tampa Fl. 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Kent Walling</b> <b>5114 Bayshore Blvd.</b> <b>Tampa Fl. 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barbara Carter</b> <b>2605 Ballast Point</b> <b>Tampa Fl. 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anita Hlister* **ANITA HLISTER** **5/29/03** **813-835-6884**

CR2E037 (10/02)