

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90084 016 ****61.25

DOCUMENT # N00000004424

1. Entity Name

REGENCY KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4014 GUNN HWY STE 250
 TAMPA FL 33624

4014 GUNN HWY STE 250
 TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace, Florida

4. FEI Number

59-3671021

Applied For

Not Applicable

Zip

Country

Zip

Country

33627

USA

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

TUCKER, STANLEY
 4014 GUNN HWY STE 250
 TAMPA FL 33624

Name

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

City

FL

Zip Code

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

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 Delete
 NAME D BENNETT, STEVE
 STREET ADDRESS 4014 GUNN HWY STE 250
 CITY-ST-ZIP TAMPA FL 33624

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D TUCKER, STANLEY
 STREET ADDRESS 4014 GUNN HWY STE 250
 CITY-ST-ZIP TAMPA FL 33624

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~D BULLOCK, BILL~~
 STREET ADDRESS 4014 GUNN HWY STE 250
 CITY-ST-ZIP TAMPA FL 33624

TITLE Change Addition
 NAME Noble, Garth
 STREET ADDRESS 4014 Gunn Hwy Suite 250
 CITY-ST-ZIP Tampa, Florida 33624

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001

Date

(813) 265-3343 x 256

Daytime Phone #

CR2E037 (10/00)