

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 049 ****61.25

DOCUMENT # *N00000004424*

1. Entity Name

Regency Key Home Owners Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*2880 Scherer Dr N
Suite, Apt. #, etc. 840*

3. Mailing Address

*2880 Scherer Dr N
Suite, Apt. #, etc. 840*

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number

593671021

Applied For

Not Applicable

Zip

33716

Country

FINELAS

Zip

33716

Country

FINELAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Ron Cottrell*

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

1505 N. FLORIDA AVE.

City *TAMPA*

FL

Zip Code *33602*

**DO NOT WRITE
IN THIS SPACE**

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

Ron Cottrell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-02

FEE IS \$61.25

Initial or Amended UBR

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

TITLE *PRESIDENT - D*
NAME *GARTH NOBLE*
STREET ADDRESS *3810 North Dale Blvd. Suite 100*
CITY - ST - ZIP *TAMPA, FL 33624*

TITLE *SECRETARY - D*
NAME *ROBERT WILLIAMS*
STREET ADDRESS *3810 North Dale Blvd. Suite 100*
CITY - ST - ZIP *TAMPA, FL 33624*

TITLE *TREASURER - D*
NAME *TOM PRINCE*
STREET ADDRESS *3810 North Dale Blvd. - Suite 100*
CITY - ST - ZIP *TAMPA, FL 33624*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Garth Noble *GARTH NOBLE 3/13/02 813-265-3343*
PRESIDENT - DIRECTOR