

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

DOCUMENT # *N0000000 4424*

1. Entity Name

Regency Key Home Owners Association, Inc.

FILED

02 JUL -2 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2880 Sclerker Dr N

3. Mailing Address

2880 Sclerker Dr N

Suite, Apt. #, etc.

840

Suite, Apt. #, etc.

840

City & State

88 PETERSBURG

City & State

88 PETERSBURG

4. FEI Number

293671021

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *REN COTTERILL P.A.*

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

1505 N. Florida Ave.

City *TAMPA*

FL

Zip Code *33602*

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]*

Signature typed or printed name of registered agent and date it appears

(NOTE: Registered Agent signature required when reinstating)

6-4-02

DATE

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	<i>President - D</i>
NAME	<i>Deborah YARBER</i>
STREET ADDRESS	<i>2416 LAKEWOOD BERRY CIR.</i>
CITY - ST - ZIP	<i>BRANDON, FL 33510</i>
TITLE	<i>SECRETARY - D</i>
NAME	<i>DWAYNE CLINE</i>
STREET ADDRESS	<i>2441 LAKE WOOD BERRY CIR</i>
CITY - ST - ZIP	<i>BRANDON, FL 33570</i>
TITLE	<i>TREASURER - D</i>
NAME	<i>KIMBERLY COLLINS</i>
STREET ADDRESS	<i>2472 LAKE WOOD BERRY CIR</i>
CITY - ST - ZIP	<i>BRANDON, FL 33570</i>
TITLE	
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11. 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.

Deborah 813-571-8053

SIGNATURE: *X Deborah Yarber YARBER - President - D 5/29/02*