


356 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90366 004 \*\*\*\*61.25

**DOCUMENT # N00000004424**

1. Entity Name  
**REGENCY KEY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**2880 SCHERER DR N  
 SUITE 840  
 SAINT PETERSBURG FL 33716**      **2880 SCHERER DR N  
 SUITE 840  
 SAINT PETERSBURG FL 33716**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Sterling Management Services  
 2870 Scherer Drive N., Suite 100**      **Sterling Management Services  
 2870 Scherer Drive N., Suite 100**

City & State      City & State

**St. Petersburg, FL 33716**      **St. Petersburg, FL 33716**

Zip      Country      Zip      Country

**U.S.**           **U.S.**

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For

**59-3671021**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COTTERILL, RON  
 400 N TANYA STREET  
 SUITE 2625  
 TAMPA FL 33602**

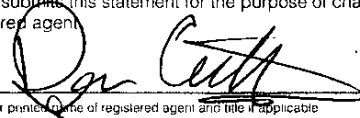
7. Name and Address of New Registered Agent

Name **Ron Cotterill**

Street Address (P.O. Box Number is Not Acceptable)  
**1010 W. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **4-2-06**

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  
 Due By May 1, 2006**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**Make Check Payable to  
 Florida Department of State**

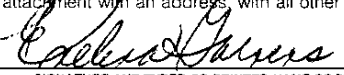
10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRENDLE, PATRICIA	
STREET ADDRESS	2510 LAKE WOODBERRY CIR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DARLEEN	
STREET ADDRESS	2433 LAKE WOODBERRY CIRCLE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANCINI, BILL	
STREET ADDRESS	2508 LAKE WOODBERRY CIR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelina Garvens	
STREET ADDRESS	2443 Lake Woodberry Circle	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Guerrero	
STREET ADDRESS	2267 Lake Woodberry Circle	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwayne Cline	
STREET ADDRESS	2441 Lake Woodberry Circle	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **EVELINA GARVENS**      3/27/06      813-662-9690