

356 **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 029 ****61.25



DOCUMENT # N00000004424	
1. Entity Name REGENCY KEY HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business STERLING MGMT SVCS. 2870 SCHERER DR. N. STE 100 SAINT PETERSBURG FL 33716	Mailing Address STERLING MGMT SVCS. 2870 SCHERER DR. N. STE 100 SAINT PETERSBURG FL 33716
2. Principal Place of Business - No P.O. Box # STERLING MGMT	3. Mailing Address 2870 SCHERER DR. N
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33716	Zip 33716



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3671021		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTERILL, RON 1010 N FLORIDA AVE TAMPA FL 33602		7. Name and Address of New Registered Agent	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARVENS, EVELINA 2443 LAKE WOODBERRY CIRCLE BRANDON FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GUERRERO, HECTOR 2267 LAKE WOODBERRY CIRCLE BRANDON FL 33510 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLINE, DWAYNE 2441 LAKE WOODBERRY CIRCLE BRANDON FL 33510 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAM MANCINI 2508 LAKE WOODBERRY CIRCLE BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT MICHIE 2484 LAKE WOODBERRY CIRCLE BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: William Mancini **WILLIAM MANCINI - TREASURER, RKHQA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-27-07 813-960-4300**
Date Daytime Phone #