

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000004424

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

**Current Principal Place of Business:**

867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
BRANDON, FL 33508

**Current Mailing Address:**

867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
BRANDON, FL 33508 US

**FEI Number:** 59-3671021

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PRASSE, BARBARA  
15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647 US

*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:** BARBARA PRASSE

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MCLEMORE, JOHN  
Address 867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
City-State-Zip: BRANDON FL 33508

Title VPD  
Name ABUSHARAR, LUCY  
Address 867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
City-State-Zip: BRANDON FL 33508

Title SECRETARY, TREASURER  
Name GUERROERO, PENNY  
Address 867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
City-State-Zip: BRANDON FL 33508

Title LICENSED COMMUNITY  
ASSOCIATION MANAGER  
Name ROSE, ALISHA  
Address 867 W. BLOOMINGDALE AVE.  
P.O. BOX 6910  
City-State-Zip: BRANDON FL 33508

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSE , ALISHA

LICENSED COMMUNITY 04/30/2025  
ASSOCIATION MANAGER

