

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43439 (1)
1. Corporation Name
HOMES OF REGENCY COVE, INC.



Principal Place of Business 4851 GANDY BLVD. - OFFICE TAMPA FL 33611	Mailing Address 4851 GANDY BLVD. - OFFICE TAMPA FL 33611-3039
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 02/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2654048		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BREEDEN, LESTER R 4851 GANDY BLVD 4851 GANDY BLVD. TAMPA FL 33611				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREEDEN, LESTER	1.2 NAME	
STREET ADDRESS	4851 GANDY BLVD B11L32	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUSA, WALTER	2.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 2 PELICAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, GEORGE	3.2 NAME	D Douglas, Cameron
STREET ADDRESS	4851 GANDY BLVD C-16	3.3 STREET ADDRESS	4851 Gandy Blvd B11L41
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33611
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROBERT	4.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARIETA, FRANK	5.2 NAME	D Sullivan, William
STREET ADDRESS	4851 GANDY BLVD 6 SUNSET	5.3 STREET ADDRESS	4851 Gandy Blvd B14L34
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33611
TITLE	DS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPARROW, NANCY	6.2 NAME	DS Wagner, Esther
STREET ADDRESS	4851 GANDY BLVD 10 LOT 29	6.3 STREET ADDRESS	4851 Gandy Blvd B09L30
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Tampa, FL 33611

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lester R. Breeden* *4/2/97*

CR2E037 (9/96)