

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moortham 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**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified
05/16/1991

4. FEI Number
59-2654048

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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**

81 Name	ROBERT T. GOODWIN
82 Street Address (P.O. Box Number is Not Acceptable)	4851 W. GANDY BLVD
83	
84 City	TAMPA, FL.
85 Zip Code	FL 33611

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 *Robert T. Goodwin*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	BREEDEN, LESTER
STREET ADDRESS	4851 GANDY BLVD B11L32
CITY-ST-ZIP	TAMPA FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	SOUSA, WALTER
STREET ADDRESS	4851 GANDY BLVD 2 PELICAN
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DOUGLAS, CAMERON
STREET ADDRESS	4851 GANDY BLVD B11L41
CITY-ST-ZIP	TAMPA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, ROBERT
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, WILLIAM
STREET ADDRESS	4851 GANDY BLVD B14L34
CITY-ST-ZIP	TAMPA FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	WAGNER, ESTHER
STREET ADDRESS	4851 GANDY BLVD B09L30
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOODWIN, ROBERT T.
1.3 STREET ADDRESS	4851 W. Gandy Blvd B08L40
1.4 CITY-ST-ZIP	Tampa, FL. 33611
2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COURCHESNE, ELEANOR
2.3 STREET ADDRESS	4851 W. Gandy Blvd. 3 Pelican
2.4 CITY-ST-ZIP	Tampa, FL. 33611
3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SULLIVAN, WILLIAM
3.3 STREET ADDRESS	4851 W. Gandy Blvd B14L34
3.4 CITY-ST-ZIP	Tampa, FL. 33611
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HEALEY, THOMAS J.
4.3 STREET ADDRESS	4851 W. Gandy Blvd. 20 Canal
4.4 CITY-ST-ZIP	Tampa, FL. 33611
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LIDSTONE, WAYNE
5.3 STREET ADDRESS	4851 W. Gandy Blvd. B04L38
5.4 CITY-ST-ZIP	Tampa, FL. 33611
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NIMON, Ellen
6.3 STREET ADDRESS	4851 W. Gandy Blvd. 12 Sunset
6.4 CITY-ST-ZIP	Tampa, FL. 33611

14. 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 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:

Robert T. Goodwin

27 MARCH 1998

CR2E037 (1097)