

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. 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
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3. Date Incorporated or Qualified
05/16/1991

4. FEI Number 59-2654048	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
**BREEDEN, LESTER R
4851 GANDY BLVD
4851 GANDY BLVD.
TAMPA FL 33611**

10. Name and Address of New Registered Agent
**81 Name ROBERT T. GOODWIN
82 Street Address (P.O. Box Number is Not Acceptable) 4851 W. GANDY BLVD
83
84 City TAMPA, FL. FL 85 Zip Code 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)