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Jan 26, 1999 8:00am  
Secretary of State

01-26-1999 90026 019 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N43439

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

GOODWIN, ROBERT T.  
4851 W GANDY BLVD  
4851 GANDY BLVD.  
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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 DV  
NAME COURCHESNE, ELEANOR  
STREET ADDRESS 4851 W GANDY BLVD 3 PELICAN  
CITY-ST-ZIP TAMPA FL 33611

☐ DELETE

TITLE DS  
NAME HEALEY, THOMAS J  
STREET ADDRESS 4851 W GANDY BLVD 20 CANAL  
CITY-ST-ZIP TAMPA FL 33611

☐ DELETE

TITLE D  
NAME LIDSTONE, WAYNE  
STREET ADDRESS 4851 W GANDY BLVD B04L38  
CITY-ST-ZIP TAMPA FL 33611

☐ DELETE

TITLE DT  
NAME GOODWIN, ROBERT  
STREET ADDRESS 4851 GANDY BLVD 8 LOT 40  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME SULLIVAN, WILLIAM  
STREET ADDRESS 4851 GANDY BLVD B14L34  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME NIMON, ELLEN  
STREET ADDRESS 4851 W GANDY BLVD 12 SUNSET  
CITY-ST-ZIP TAMPA FL 33611

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 839-5441

CR2E037 (11/98)