


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

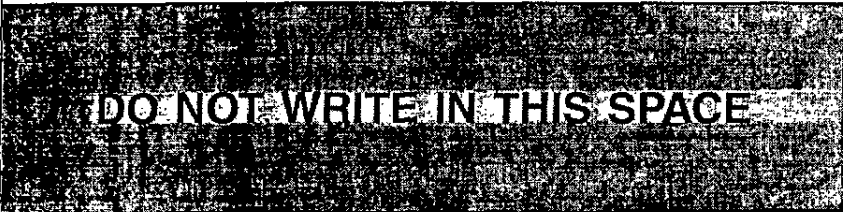
**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43439**  
 1. Entity 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



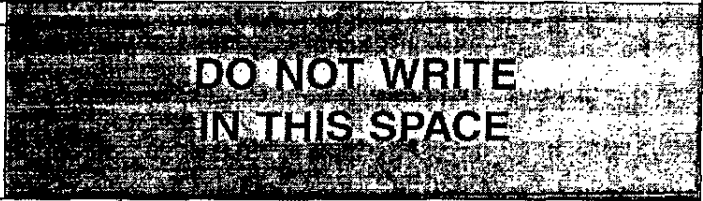
03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2654048

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 NIMON, ELLEN  
 4851 W GANDY BLVD - 12 SUNSET  
 TAMPA, FL 33611



8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ellen Nimon Ellen Nimon DATE: 3/17/05

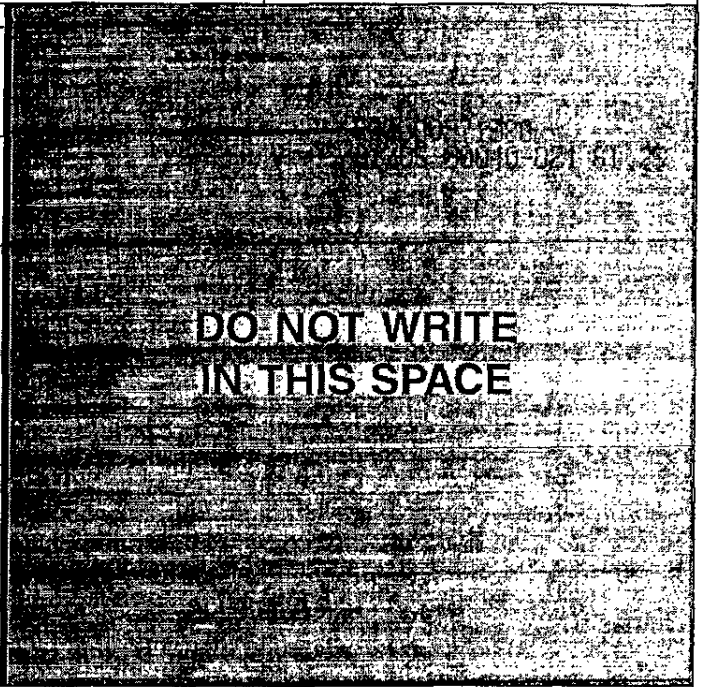
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZACCARO, BARBARA 4851 W GANDY BLVD - B12L23 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, DANIL 4851 W GANDY BLVD B08L04 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIDSTONE, WAYNE 4851 W GANDY BLVD B04L38 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODWIN, ROBERT 4851 GANDY BLVD 8 LOT 40 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUSA, WALTER 4851 W GANDY BLVD - 2 PELICAN TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIMON, ELLEN 4851 W GANDY BLVD 12 SUNSET TAMPA, FL 33611



12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Nimon Ellen Nimon DATE: 3/17/05 813-839-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #