

**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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIMON, ELLEN
4851 W GANDY BLVD - 12 SUNSET
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/05

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05

813-839-8441