

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90051 016 ****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**GOODWIN, ROBERT T
4851 W GANDY BLVD
B08L40
TAMPA FL 33611**

Name

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

City

FL

Zip Code

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 Pres. Ellen Nimon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/8/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVS** ☐ Delete
NAME **COURCHESNE, ELEANOR**
STREET ADDRESS **4851 W GANDY BLVD 3 PELICAN**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☐ Change ☐ Addition
NAME **Sousa, Walter**
STREET ADDRESS **4851 W. Gandy Blvd 2 Pelican.**
CITY-ST-ZIP **Tampa, FL 33611**

TITLE **PD** ☐ Delete
NAME **DILLON, DANIL DANIL**
STREET ADDRESS **4851 W GANDY BLVD B08L04**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **D** ☐ Change ☐ Addition
NAME **Spall Robert**
STREET ADDRESS **4851 Gandy Blvd B.9L41**
CITY-ST-ZIP **Tampa, FL 33611**

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D Badore** ☐ Delete
NAME **BADORE, EDWARD**
STREET ADDRESS **4851 W GANDY BLVD 10 SUNSET BLVD**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **EN DP** ☐ Delete
NAME **NIMON, ELLEN**
STREET ADDRESS **4851 W GANDY BLVD 12 SUNSET**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 Pres. Ellen Nimon* **7/8/03** **839-5441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)