FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **05/16/1991**
3a. Date of Last Report: **05/01/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BREEDEN, LESTER	1.2 NAME	
STREET ADDRESS	4851 GANDY BLVD B11L32	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DV ☒ DELETE	2.1 TITLE	DV ☑ Change ☐ Addition
NAME	~~MITCHELL, GEORGE~~ ~~Sousa, Walter~~	2.2 NAME	Sousa, Walter
STREET ADDRESS	4851 GANDY BLVD ~~16 CANAL~~ ~~2 Pelican~~	2.3 STREET ADDRESS	4851 Gandy Blvd 2 Pelican
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, GEORGE	3.2 NAME	
STREET ADDRESS	4851 GANDY BLVD C-16	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, ROBERT	4.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ARIETA, FRANK	5.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 6 SUNSET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SPARROW, NANCY	6.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 10 LOT 29	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lester R. Breeden — Date: 2/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 839-5441

CR2E037 (12/95)