FILE NOW: FILING FEE IS $61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
4851 GANDY BLVD. - OFFICE TAMPA FL 33611	4851 GANDY BLVD. - OFFICE TAMPA FL 33611-3039

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		☐ Change ☐ Addition
NAME	SOUSA, WALTER		2.2 NAME		
STREET ADDRESS	4851 GANDY BLVD 2 PELICAN		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MITCHELL, GEORGE		3.2 NAME	Douglas, Cameron	
STREET ADDRESS	4851 GANDY BLVD C-16		3.3 STREET ADDRESS	4851 Gandy Blvd B11L41	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33611	
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	D	☐ Change ☑ Addition
NAME	ARIETA, FRANK		5.2 NAME	Sullivan, William	
STREET ADDRESS	4851 GANDY BLVD 6 SUNSET		5.3 STREET ADDRESS	4851 Gandy Blvd B14L34	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, FL 33611	
TITLE	DS	☑ DELETE	6.1 TITLE	DS	☐ Change ☑ Addition
NAME	SPARROW, NANCY		6.2 NAME	Wagner, Esther	
STREET ADDRESS	4851 GANDY BLVD 10 LOT 29		6.3 STREET ADDRESS	4851 Gandy Blvd B09L30	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33611	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Lester R. Breeden 4/7/97