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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43439

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/16/1991

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

9. Name and Address of Current Registered Agent

GOODWIN, ROBERT T.
4851 W 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

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

TITLE DS
NAME HEALEY, THOMAS J
STREET ADDRESS 4851 W GANDY BLVD 20 CANAL
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 DT
NAME GOODWIN, ROBERT
STREET ADDRESS 4851 GANDY BLVD 8 LOT 40
CITY-ST-ZIP TAMPA FL

TITLE D
NAME SULLIVAN, WILLIAM
STREET ADDRESS 4851 GANDY BLVD B14L34
CITY-ST-ZIP TAMPA FL

TITLE D
NAME NIMON, ELLEN
STREET ADDRESS 4851 W GANDY BLVD 12 SUNSET
CITY-ST-ZIP TAMPA FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-6-99

839-5441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)