

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43439

FILED
Apr 09, 2009
Secretary of State

Entity Name: HOMES OF REGENCY COVE, INC.

Current Principal Place of Business:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-2654048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERB, RONALD G
4851 W GANDY BLVD - 12 SUNSET
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

HERB, RONALD G
4851 W GANDY BLVD - B12L24
TAMPA, FL 33611 US

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.

SIGNATURE:

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERB, RONALD G PRES.
Address: 4851 W GANDY BLVD B12L24
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: DUNPHY, SUSAN M VP
Address: 4851 W GANDY BLVD B07L45
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: ROSS, SANDRA L SEC
Address: 4851 W GANDY BLVD B15L28
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: REIS, ROSALIE A TRES
Address: 4851 GANDY BLVD - 08 SUNSET
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BEDORE, EDWARD C DIR
Address: 4851 W GANDY BLVD - 10 SUNSET
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: AVANT, ROSE M DIR
Address: 4851 W GANDY BLVD B13L24
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FENNESSY, PATRICIA E DIR
Address: 4851 W GANDY BLVD - B05L02
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD HERB

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date