

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43439

**Entity Name:** HOMES OF REGENCY COVE, INC.

**Current Principal Place of Business:**

4851 GANDY BLVD. - OFFICE  
TAMPA, FL 33611

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**6272765866CC**

**Current Mailing Address:**

4851 GANDY BLVD. - OFFICE  
TAMPA, FL 33611 US

**FEI Number: 59-2654048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANNE HATHORN LEGAL SERVICES, LLC  
150 2ND AVE N #1270  
ST PETERSBURG, FL 33701 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           TREMBLAY, VICTOR  
Address        4851 GANDY BLVD - B3L24  
City-State-Zip: TAMPA FL 33611

Title           DIRECTOR  
Name           LOVE, PATRICK J  
Address        4851 W GANDY BLVD B12L27  
City-State-Zip: TAMPA FL 33611

Title           VP  
Name           ORCUTT, WES  
Address        4851 W GANDY BLVD  
                  BLVD 7 LOT 24  
City-State-Zip: TAMPA FL 33611

Title           PRESIDENT  
Name           DAVIS, VIRGINIA  
Address        4851 W GANDY BLVD  
                  BLVD3 LOT 28  
City-State-Zip: TAMPA FL 33611

Title           DIRECTOR  
Name           FAUBERT, MIKE  
Address        4851 W GANDY BLVD  
                  BLVD 3 LOT 35  
City-State-Zip: TAMPA FL 33611

Title           SECRETARY  
Name           FENNESSY, PATTI  
Address        4851 W GANDY BLVD  
                  BLVD 5 LOT 2  
City-State-Zip: TAMPA FL 33611

Title           TREASURER  
Name           MALMQUIST, ANDREW  
Address        4851 W GANDY BLVD  
                  BLVD 15 LOT 36  
City-State-Zip: TAMPA FL 33611

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVIS , VIRGINIA**

**PRESIDENT**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date