

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43439

FILED
Feb 08, 2017
Secretary of State
CC1882306907

Entity Name: HOMES OF REGENCY COVE, INC.

Current Principal Place of Business:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

Current Mailing Address:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

FEI Number: 59-2654048

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHLADWEILER, JOHN
4851 W GANDY BLVD
OFFICE
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: JOHN SCHLADWEILER

02/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ULINSKI, MARTY
Address 490 ISLAND WAY
City-State-Zip: CLEARWATER FL 33767

Title SECRETARY
Name DUNPHY, SUSAN M
Address 4851 W GANDY BLVD B07L45
City-State-Zip: TAMPA FL 33611

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

Title PRESIDENT
Name HECKER, PATRICIA L
Address 4851 W GANDY BLVD - B11L35
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 TREASURER
Name WALKER, JENNIE M
Address 4851 W GANDY BLVD B7L27
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

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: PATRICIA L HECKER

PRESIDENT

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date