

2020 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**Current Mailing Address:**4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611 US**FEI Number:** 59-2654048**Certificate of Status Desired:** Yes**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 PRESIDENT
Name ORCUTT, WES
Address 4851 W GANDY BLVD
BLVD 7 LOT 24
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 DIRECTOR
Name MALMQUIST, ANDREW
Address 4851 W GANDY BLVD
BLVD 15 LOT 36
City-State-Zip: TAMPA FL 33611

Title VP, TREASURER
Name HAYES, DENNIS
Address 4851 GANDY BLVD. - OFFICE
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name SMITH, LYNN
Address 4851 GANDY BLVD. - OFFICE
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: WES ORCUTT**PRESIDENT****04/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date