

2016 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**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

03/16/2016

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 KONCZESKI, JOHN E
Address 4851 GANDY BLVD - B08L03
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 JUDITH, WEBB A
Address 4851 W GANDY BLVD B06L27
City-State-Zip: TAMPA FL 33611

Title TREASURER
Name JENNIE, WALKER M
Address 4851 W GANDY BLVD B01L32
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

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date