

2013 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:**KIRHAGIS, MOLLIE O
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:** MOLLIE O. KIRHAGIS

03/21/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name FENNESSY, PATRICIA EPRES.
Address 4851 W GANDY BLVD B05L02
City-State-Zip: TAMPA FL 33611

Title VP
Name WILLIAMS, JERRY E
Address 4851 W GANDY BLVD B08L28
City-State-Zip: TAMPA FL 33611

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

Title T
Name REIS, ROSALIE ATRES
Address 4851 GANDY BLVD - SUNSET 08
City-State-Zip: TAMPA FL 33611

Title D
Name HAYES, DENNIS C
Address 4851 W GANDY BLVD - PARKWAY 02
City-State-Zip: TAMPA FL 33611

Title D
Name HINDMAN, CHESTER WDIR
Address 4851 W GANDY BLVD - B14L30
City-State-Zip: TAMPA FL 33611

Title DIRECTOR
Name SIDDENS, RICHARD L
Address 4851 W GANDY BLVD B13L37
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 FENNESSY

PRESIDENT

03/21/2013

Electronic Signature of Signing Officer/Director Detail

Date