

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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55 MAY - 1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N43439** (1)  
1. Corporation Name  
**HOMES OF REGENCY COVE, INC.**

Principal Place of Business Mailing Address  
**4851 GANDY BLVD. - OFFICE TAMPA FL 33611** **4851 GANDY BLVD. - OFFICE TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1991** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-2654048** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trial Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**HUGHES, M. ANNE  
HOMES OF REGENCY COVE, INC.  
4851 GANDY BLVD.  
TAMPA FL 33611**

10. Name and Address of New Registered Agent  
81. Name **Lester R. Breeden**  
82. Street Address (P.O. Box Number is Not Acceptable) **4851 Gandy Blvd**  
83.  
84. City **Tampa** 85. Zip Code **FL 33611**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lester R. Breeden* DATE *5/2/95*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DILLON, DANIEL J.
STREET ADDRESS	4851 GANDY BLVD B8L4
CITY - ST - ZIP	TAMPA FL
TITLE	DV
NAME	MITCHELL, GEORGE
STREET ADDRESS	4851 GANDY BLVD 16 CANAL
CITY - ST - ZIP	TAMPA FL
TITLE	DV
NAME	FINLEY, FRANK
STREET ADDRESS	4851 GANDY BLVD 18 CANAL
CITY - ST - ZIP	TAMPA FL
TITLE	DT
NAME	GOODWIN, ROBERT
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	ARIETA, FRANK
STREET ADDRESS	4851 GANDY BLVD 6 SUNSET
CITY - ST - ZIP	TAMPA FL
TITLE	DS
NAME	SPARROW, NANCY
STREET ADDRESS	4851 GANDY BLVD 10 LOT 29
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BREEDEN, LESTER	
13 STREET ADDRESS	4851 GANDY BLVD B11L32	
14 CITY - ST - ZIP	TAMPA, FL. 33611	
21 TITLE	SOUSA, WALTER DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	4851 GANDY BLVD P-02	
23 STREET ADDRESS	TAMPA, FL. 33611	
24 CITY - ST - ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MITCHELL, GEORGE	
33 STREET ADDRESS	4851 GANDY BLVD C-16	
34 CITY - ST - ZIP	TAMPA, FL. 33611	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lester R. Breeden* DATE: *4/24/95* (819) 834-5441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PLEASE PRINT), (P.O. #)