

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**

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TAMPA FL 33611**

3. Date Incorporated or Qualified
05/16/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2654048

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREEDEN, LESTER R
4851 GANDY BLVD
4851 GANDY BLVD.
TAMPA FL 33611**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(ONLY if Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
NAME **BREEDEN, LESTER**
STREET ADDRESS **4851 GANDY BLVD B11L32**
CITY - ST - ZIP **TAMPA FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **DV** DELETE
NAME **MITCHELL, GEORGE** *Sousa, Walter*
STREET ADDRESS **4851 GANDY BLVD 16 CANAL** *& Pelican*
CITY - ST - ZIP **TAMPA FL**

21 TITLE Change Addition
22 NAME **DV**
23 STREET ADDRESS **Sousa, Walter**
24 CITY - ST - ZIP **4851 Gandy Blvd 2 Pelican**
TAMPA, FL

TITLE **D** DELETE
NAME **MITCHELL, GEORGE**
STREET ADDRESS **4851 GANDY BLVD C-16**
CITY - ST - ZIP **TAMPA FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **DT** DELETE
NAME **GOODWIN, ROBERT**
STREET ADDRESS **4851 GANDY BLVD 8 LOT 40**
CITY - ST - ZIP **TAMPA FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **D** DELETE
NAME **ARIETA, FRANK**
STREET ADDRESS **4851 GANDY BLVD 6 SUNSET**
CITY - ST - ZIP **TAMPA FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **DS** DELETE
NAME **SPARROW, NANCY**
STREET ADDRESS **4851 GANDY BLVD 10 LOT 29**
CITY - ST - ZIP **TAMPA FL**

61 TITLE Change 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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96
DATE Day: 22 Phone: #
839-5441

CR2E037 (12/95)