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FILED
Jan 26, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90026 019 *****61.25

DOCUMENT # N43439

1. Corporation Name
HOMES OF REGENCY COVE, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/16/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2654048	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODWIN, ROBERT T. 4851 W 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURCHESNE, ELEANOR	1.2 NAME	
STREET ADDRESS	4851 W GANDY BLVD 3 PELICAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, THOMAS J	2.2 NAME	
STREET ADDRESS	4851 W GANDY BLVD 20 CANAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDSTONE, WAYNE	3.2 NAME	
STREET ADDRESS	4851 W GANDY BLVD B04L38	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROBERT	4.2 NAME	
STREET ADDRESS	4851 GANDY BLVD 8 LOT 40	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, WILLIAM	5.2 NAME	
STREET ADDRESS	4851 GANDY BLVD B14L34	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIMON, ELLEN	6.2 NAME	
STREET ADDRESS	4851 W GANDY BLVD 12 SUNSET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1-6-99 Daytime Phone #: 839-5441

CR2E037 (11/98)