

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0059150

DOCUMENT # N43439

01-30-2001 90009 049 ****61.25

1. Entity 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

00010301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2654048**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, ROBERT T
4851 W GANDY BLVD
BO8L40
TAMPA FL 33611

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Robert T Goodwin

Jan 17, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DVS	COURCHESNE, ELEANOR	4851 W GANDY BLVD 3 PELICAN TAMPA FL 33611				
	PD	DILLON, DAMIL	4851 W GANDY BLVD B08L04 TAMPA FL 33611				
	D	LIDSTONE, WAYNE	4851 W GANDY BLVD B04L38 TAMPA FL 33611				
	DT	GOODWIN, ROBERT	4851 GANDY BLVD 8 LOT 40 TAMPA FL				
	D	BADORE, EDWARD	4851 W GANDY BLVD 10 SUNSET BLVD TAMPA FL 33611				
	DV	NIMON, ELLEN	4851 W GANDY BLVD 12 SUNSET TAMPA FL 33611				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eleanor Courchesne

Jan 17, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)