2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N43439

Entity Name: HOMES OF REGENCY COVE, INC.

Current Principal Place of Business:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4851 GANDY BLVD. - OFFICE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-2654048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIMON, ELLEN
4851 W GANDY BLVD - 12 SUNSET
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: DUNPHY, SUSAN M
Address: 4851 W GANDY BLVD B07L45
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete
Name: DILLON, DANIEL
Address: 4851 W GANDY BLVD B08L04
City-St-Zip: TAMPA, FL 33611

Title: P ( ) Delete
Name: NIMON, ELLEN
Address: 4851 W GANDY BLVD 12 SUNSET
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete
Name: GOODWIN, ROBERT
Address: 4851 GANDY BLVD 8 LOT 40
City-St-Zip: TAMPA, FL

Title: D ( ) Delete
Name: SOUSA, WALTER
Address: 4851 W GANDY BLVD - 2 PELICAN
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: DILLON, DANIAL
Address: 4851 W GANDY BLVD B08L04
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HERB, RONALD
Address: 4851 W GANDY BLVD B12L24
City-St-Zip: TAMPA, FL 33611

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DILLON, DANIEL
Address: 4851 W GANDY BLVD B08L04
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN NIMON P 03/28/2007

Electronic Signature of Signing Officer or Director Date