

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317596

Entity Name: DIMARE HOMESTEAD, INC.**Current Principal Place of Business:**258 N.W. FIRST AVENUE
FLORIDA CITY, FL 33034**Current Mailing Address:**258 N.W. FIRST AVENUE
FLORIDA CITY, FL 33034 US**FEI Number:** 59-1204511**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHER, CHARLES P.
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	PD
Name	DI MARE, PAUL J.
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

Title	S
Name	DRYER, DAVID
Address	TWO SEAPORT LANE
City-State-Zip:	BOSTON MA 02210-2028

Title	T
Name	DI MARE, THOMAS F.
Address	P.O. BOX 517, NA
City-State-Zip:	NEWMAN CA 95360

Title	DV
Name	DIMARE, SCOTT M
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

Title	DASV
Name	DIMARE, ANTHONY J
Address	258 NW 1ST AVENUE
City-State-Zip:	FLORIDA CITY FL 33034

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY J DIMARE

DASV

04/29/2014

Electronic Signature of Signing Officer/Director Detail_____
Date