## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 665875

1. Corporation Name

HOMELAND DEVELOPMENT COMPANY, INC.

| Princ | cipa | ii Pla | ce or | Busine |
|-------|------|--------|-------|--------|
| 3500  | W.   | LANT   | ANA   | RD.    |

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 023 \*\*\*158.75



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|--|---|-------------------------------------|---|--|------------------|---------------------------------|--|---------------------------|--------------------|-------------------|----------------|
| Principal Place                            | cipal Place of Business Mailing Address   |                                     |   |  |                  |                                 |  | #11#1 78171 7 <b>88</b> 1 | A A.A 418          | ** ***** **** **  |                |
| 3500 W. LANTA                              | NA RD.  | 45                                  | 70 LAKE WORTH RD  |  |                  |                                 |  |                           |                    |                   |                |
| LANTANA FL 3                               | 1462  | LA                                  | KE WORTH FL 33463   |  |                  |                                 | DO NOT WRITE IN THIS SPACE                                 |                           |                    |                   |                |
|  | •   |                                     |   |  |                  |                                 |  |                           | IN THIS S          | PACE              |                |
|  |   |                                     |   |  |                  |                                 | 3. Date Incorporated or Qualifed                           |                           |                    |                   |                |
|  |   |                                     |   |  |                  |                                 | 04/07/1980   |                           |                    | <del></del>       | <del></del>    |
| 2. Principal Pl                            | ace of Business   | 2a.                                 | Mailing Address   |  |                  |                                 | 4. FEI Number  |                           |                    |                   | olied For      |
| 21   |   | 26                                  | i   |  |                  | <u>59-2021018</u>               |  |                           |                    | Applicable        |                |
| Suite, Apt. #, etc.                        |   |                                     | Suite, Apt. #, etc.   |  |                  | ≝5.⊋Certifeate of Status        | Desired ====   | . <del></del>             | <u>\$8.75 A</u>    |                   |                |
| 22   |   | 27                                  |   |  |                  |                                 |  |                           |                    | Fee Rec           | quired         |
| City & State                               |   |                                     | City & State  |  |                  | 6. Election Campaign            | Financing  |                           | \$5.00             | •                 |                |
| 23   |   | 28                                  |   |  |                  |                                 | Trust Fund Contribu  | ution                     | <u> </u>           | Added to          | Fees           |
| Zip  | Country   | 1                                   | Zip   | Count  | тy               |                                 | 8. This corporation ow                                     | es the curren             |                    |                   | _              |
| 24   | 25 29   |                                     |   | 30   |                  |                                 | Personal Property Tax.                                     |                           |                    |                   | □No            |
|  | 9. Name and Address of Curre  | nt Regis                            | stered Agent  |  |                  |                                 | 10. Name and Addres  | s of New Re               | gister <u>ed A</u> | gent              |                |
|  |   |                                     |   | 8  | и                | Name                            |  |                           |                    |                   |                |
| HOM  | ELAND MOBILE HOMES, INC.  |                                     |   | <u> </u>   | _                | O( -4 6 d d                     | (D.O. Day Number is 1                                      | lat Ascantah              | <u></u>            |                   |                |
| 4570 LAKE WORTH RD.<br>LAKE WORTH FL 33463 |   |                                     | 16  | Street Address (P.O. Box Number is Not Acceptable) |                  |                                 |  |                           |                    |                   |                |
|  |   |                                     | 8   | 33   |                  |                                 |  |                           |                    |                   |                |
|  |   |                                     |   |  | Ì                |                                 |  |                           |                    |                   |                |
| •  |   |                                     |   | 8  | 14               | City                            |  |                           | FL                 | 85 Zip C          | ode            |
|  |   |                                     |   |  |                  |                                 | b t . t  | and far the ni            |                    | banging ite       | registered     |
| 11. Pursuant office or ragent. I a         | to the provisions of Sections 607.05<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig   | 02 and 6<br>e of Flori<br>ations of | 607.1508, Florida Statutes<br>da. Such change was autl<br>f, Section 607.0505, Florid | i, the abo<br>horized b<br>la Statute              | ove-<br>oy thes. | -named corpor<br>he corporation | ration submits this staten<br>i's board of directors. I he | ereby accept              | the appoin         | tment as reg      | jistered       |
| SIGNATURE                                  | •   |                                     |   |  |                  |                                 |  |                           |                    |                   |                |
|  | Signature, typed or printed name of registered ag   |                                     |   | <del>-</del> -                                     | gent :           | signature required              | when reinstating) ADDITIONS/CHANG                          | 50 TO OFF                 | DATE AND           | D DIRECTO         | DC IN 12       |
| 12.  | OTTOLING THE DATE OF THE PARTY |                                     |   | 13.  |                  | <u> </u>                        | ADDITIONS/CHANG  | ES TO OFFI                | CERS AN            | Change            | ☐ Addition     |
| TITLE 1                                    | PD  |                                     | ☐ DELETE  | 1.1 TITLE  | E                |                                 |  |                           |                    | ☐ Glialige        |                |
| NAME                                       | MEDEMA, ROGER E   |                                     |   | 1.2 NAM  | Ε                | 1                               |  |                           |                    |                   |                |
| STREET ADDRESS                             | 4570 LAKE WORTH RD.   |                                     |   | 1.3 STR  | EETA             | ADORESS                         |  |                           |                    |                   |                |
| CITY-ST-ZIP                                | LAKE WORTH FL 33463   |                                     |   | 1.4 CITY   | -ST-             | ZIP                             |  |                           |                    |                   |                |
| πιε  | TSD   |                                     | ☐ DELETE  | 2.1 TITLE  | E                | V                               | -ma Michael  | т.7                       |                    | Change            | Addition       |
| NAME                                       | MEDEMA, MICHAEL W.  |                                     | •   | 2.2 NAM  | E                |                                 | ema, Michael   |                           |                    |                   |                |
| STREET ADDRESS                             | ATTALL MICHIGANIA DO  |                                     |   | 2.3 STRI   | EET A            | <sub>address</sub>  457         | 0 Lake Worth   | Koad                      |                    |                   | ·              |
|  | LAKE WORTH FL 33463   |                                     | - <u>-</u> -  | 2,4 CIT  | Y-ST             | . <sub>zie</sub> Lak            | e Worth , FL   | 33463                     |                    | •                 | . ".           |
| TITLE                                      | LAIL WOMEN I COMO   |                                     | ☐ DELETE  | 3.1 TETL   |                  |                                 |  |                           |                    | Change            | Addition       |
|  | ·   |                                     | <del></del>   | 3.2 NAM  |                  |                                 |  |                           |                    |                   |                |
| NAME                                       |   |                                     |   | 3,4 (Q'UV)   | ML.              | ı                               |  |                           |                    |                   |                |

STREET ADDRESS ( ) YOU BE LEW SO CITY-ST-ZIP TO SEE THE SECOND SE 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with allottice like empowered.

3,3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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Carlo Mar State

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

SIGNATURE: Michaels W. Medema RE W. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/8/99

561-967-3322

Daytime Phone #

☐ Change

Change

☐ Change

☐ Addition

☐ Addition

Addition