

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717094

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** HOMESTEAD EVERGLADES POSSE, INCORPORATED

**Current Principal Place of Business:**

23401 SW 162 AVE  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 700492  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 59-0659165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILER, CENDRA J  
23401 SW 162 AVE  
HOMESTEAD, FL 33031 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: PD  
Name: FENNELL, SHELIA  
Address: 18921 SW 311 STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD  
Name: GUSTER, KAREN  
Address: 20221 SW 318TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD  
Name: DAWSON, COLLEEN  
Address: 29510 SW 180 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD  
Name: SILER, CENDRA  
Address: 23401 SW 162 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: JR D  
Name: GREER, AMANDA  
Address: 14781 SW 238 ST  
City-St-Zip: PRINCETON, FL 33032

Title: SR D  
Name: THOMMES, HOLLY  
Address: 15056 SW 159 CT  
City-St-Zip: MIAMI, FL

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

SIGNATURE: COLLEEN DAWSON

TD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date