2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 745621

Entity Name: VILLAGES OF HOMESTEAD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

15600 SW 288 ST
STE #406
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 924176
HOMESTEAD, FL 330924176

New Mailing Address:

FEI Number: 59-1989980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOYCE GOODMAN-GUENTHER, PA
10723 SW 104 ST.
MIAMI, FL 33176 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 ( ) Delete
Name: CONSTABLE, MARK
Address: 1647 EGRET ROAD
City-St-Zip: HOMESTEAD, FL 33035

Title: TD ( ) Delete
Name: GONZALEZ, MOEMT
Address: 1410 40000 PECKER ST
City-St-Zip: TAMPA, FL 33635

Title: D ( ) Delete
Name: KNOWLES, YVONNE
Address: 1697 N GOLDENEYE LN
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD ( ) Delete
Name: SMITH, GERALD
Address: 2812 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: GONZALEZ, NOEMI
Address: 1410 WOODPECKER ST
City-St-Zip: HOMESTEAD, FL 33635

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK CONSTABLE PD 02/23/2009

Electronic Signature of Signing Officer or Director — Date