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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **764451** (1)
1. Corporation Name
THE HOMESTEAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
136 HARMONY PLACE MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1982** 3a. Date of Last Report **06/30/1994**
4. FEI Number **59-2364613** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**THOMPSON, FAYE A.
112 HARMONY PLACE
MELBOURNE BEACH FL 32915**

10. Name and Address of New Registered Agent
81 Name **HAR SAUTER, HARRY D**
82 Street Address (P.O. Box Number is Not Acceptable) **133 HARMONY PLACE**
83
84 City **MELBOURNE BEACH FL** 85 Zip Code **32951**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.505, Florida Statutes.

SIGNATURE Harry D. Sauter **HARRY D. SAUTER, SEC/TREAS 2/8/95**
Signature, typed or printed name of registered agent when not a corporation. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, A.
STREET ADDRESS	112 HARMONY PLACE
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	SD
NAME	SCHAICH, MARGARET K.
STREET ADDRESS	122 HARMONY PLACE
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	VD
NAME	BROCKELMAN, ARTHUR
STREET ADDRESS	114 HARMONY PLACE
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	ST
NAME	HASAUTER, HARRY D
STREET ADDRESS	133 HARMONY PL
CITY - ST - ZIP	MELBOURNE BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, DIRP.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARICE BOWDEN
1.3 STREET ADDRESS	126 HARMONY PL
1.4 CITY - ST - ZIP	MELBOURNE BEACH, FL. 32951
2.1 TITLE	VICE PRESIDENT, DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRADY BOWDEN D.
2.3 STREET ADDRESS	126 HARMONY PLACE
2.4 CITY - ST - ZIP	MELBOURNE BEACH FL 32951
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry D. Sauter **HARRY D. SAUTER 2/8/95 407/984-1128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR