FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 764451

1. Corporation Name

THE HOMESTEAD CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Business									
136	HARMONY PLACE								
MEL	BOURNE REACH FL	22051							

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

136 HARMONY PLACE MELBOURNE BEACH FL 32951

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90069 037 ****61.25



Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

08/05/1982

59-2364613

4. FEI Number

4	25	29	30				Trust Fund Cont	Added to Fees				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent								
				81	Name							
CAUTED L	JADDV D			82	Stroot /	Addross	s (P.O. Box Number	is Not Accenta	hle)			
SAUTER, HARRY D.				62	JUECL F	-uui es	3 (1 .O. BOX 148111B61	is rior riccopic	υ.υ <i>,</i>			
133 HARMONY PL MELBOURNE BEACH FL 32951				83								
WELDOON	NE BEACH FL 32931									las! Zin	Codo	
				84	City				FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE Stoneture, bread or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed or printed name of registered	AND DIRECTORS		3.	signature re	squireu wi	ADDITIONS/CHA	NGES TO OFF		DIRECTO	ORS IN 12	
12.			·	1 TITLE	-	$\overline{\Omega}$				Change	☐ Addition	
TITLE	P P P P P P P P P P P P P P P P P P P			NAME	Ì	ጟ፟፟፟፟፟	WDENC	LARK	<u> </u>	Z '		
	OBERSON, RICHARD				*DDDED0	77	WDEN C 6 HARMO	NY PL	ACE			
STREET ADDRESS	124 HARMONY PL					1,~	ELBOURN	e Dai	ΖĪ			
CITY-ST-ZIP	MELBOURNE BCH FL			4 CITY-ST	-ZIP	4	FPROUDY	FIDE	DAME.	Change	Addition	
TITLE	D	7	•	TITLE		L.	٩₩18₩ @	FLYNN,	T-N-WIEV	A Transista		
NAME	BOWDEN, GRADY		2.	2 NAME	į	++-	4 } A R N I	NY PL	AC E			
STREET ADDRESS	126 HARMONY PL		2.	3 STREET	ADDRESS	1						
CITY-ST-ZIP	MELBOURNE BCH FL			4 CITY-S	T-ZIP						<u> </u>	
TITLÉ	VD	>	DELETE 3.	1 TITLE		\mathcal{D}		4.4 tour 4.1		☐ Change	Addition	
NAME	BROCKELMAN, ARTHUR		3.3	2 NAME		GI	$\mathcal{P}^{\mathcal{N}}$	MEN				
STREET ADDRESS	114 HARMONY PLACE		3.	3 STREET	ADDRESS	114	LHARMON	Y FLA	CE.,			
CITY-ST-ZIP	MELBOURNE BCH FL		3.	4. CITY-S	T-ZIP	ME	YNN, DA LHARMON LBOURNE	BCH	T-L			
TITLE	ST		DELETE 4.	1 TITLE						☐ Change	Addition	
NAME	HASAUTER, HARRY D		4.	2 NAME								
STREET ADDRESS	133 HARMONY PL		4.	3 STREET	ADDRESS							
CITY-ST-ZIP	MELBOURNE BCH. FL	_	4.	4 CITY-S	r-ZIP							
TITLE	VD	×	DELETE 5.	1 TITLE						Change	☐ Addition	
NAME J	BOWDEN, CLARICE	•	5.	2 NAME	1							
STREET ADDRESS	126 HARMONY P		5.	3 STREET	ADDRESS							
CITY-ST-ZIP	MELBOURNE BCH FL		5.	4 CITY-S	r-zip							
TITLE	METRACINE POLITE		DELETE 6.	1 TITLE			<u>-</u>			Change	☐ Addition	
NAME		_	6.	2 NAME								
STREET ADDRESS			6.	3 STREET	ADDRESS							
				4 CITY-S	i							
14. I hereby c	ertify that the information supplie	d with this filing does n	ot qualify for the s	vemnti	on stated	in Sec	tion 119.07(3)(i), Flo	orida Statutes.	further certi	ify that the	information	
14. I hereby certify that the information supplied with this filling 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the Satta State and that my signature shall have the Satta State and that my signature shall have the Satta State and that my signature shall have the Satta State and that my signature shall have the satta State and that my signature shall have the satta State and the satta State and that my signature shall have the satta State and the satta												

Country

officer or director of the corporation or the receiver or Block 12 or Block 13 if clanged, or on an attachment

Applied For

\$8.75 Additional

Fee Required

\$5,00 May Be

Added to Fees

Not Applicable