

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90351 047 ****61.25

0030453

DOCUMENT # 764451
 1. Entity Name
THE HOMESTEAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 136 HARMONY PLACE MELBOURNE BEACH FL 32951	Mailing Address 136 HARMONY PLACE MELBOURNE BEACH FL 32951
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2364613		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SAUTER, HARRY D.
 133 HARMONY PL
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OBERSON, RICHARD	
STREET ADDRESS	1254 HARMONY PL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLYNN, DAMIEN	
STREET ADDRESS	114 HARMONY PLACE	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HASAUTER, HARRY D	
STREET ADDRESS	133 HARMONY PL	
CITY-ST-ZIP	MELBOURNE BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWDEN, CLARICE	
STREET ADDRESS	126 HARMONY P	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry D Sauter* **HARRY D. SAUTER** 4/18/01 321-984-1128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)