## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am Secretary of State **DOCUMENT # 764451** 1. Entity Name THE HOMESTEAD CONDOMINIUM ASSOCIATION, INC. 04-30-2002 90053 005 \*\*\*\*61.25 Mailing Address Principal Place of Business 136 HARMONY PLACE 136 HARMONY PLACE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2364613 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SAUTER, HARRY D. 133 HARMONY PL **MELBOURNE BEACH FL 32951** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change : Addition TITLE TITLE ☐ Delete OBERSON, RICHARD OBERSON, RICHARD NAME NAME 124 HARMONY PL 1254 HARMONY PL STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FLB29 CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP Addition TITLE TITLE Delete GLYNN DAMIED MARTID LN GLYNN, DAMIEN NAME NAME 114 HARMONY PLACE STREET ADDRESS STREET ADDRESS WDIALANTIC FL 32903 CITY-ST-ZIP ~ MELBOURNE BCH FL = 1 CITY-ST-ZIP\* ☐ Addition ☐ Change ☐ Delete TITLE TITLE HASAUTER, HARRY D NAME NAME 133 HARMONY PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BCH. FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete TITLE BOWDEN, CLARICE NAME NAME 126 HARMONY P STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE BCH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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, will all other like expowered.

HARRY

**FILED**