

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90374 028 ****61.25

0016545

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2364613**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUTER, HARRY D.
133 HARMONY PL
MELBOURNE BEACH FL 32951**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	OBERSON, RICHARD	
STREET ADDRESS	124 HARMONY PL	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLYNN, DAMIEN	
STREET ADDRESS	3010 PURPLE MARTIN LANE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLYNN, DAMIEN	
STREET ADDRESS	3010 PURPLE MARTIN LANE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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, or other like empowered.

SIGNATURE: *Harry D. Sauter* 4/28/03

HARRY D. SAUTER
321-984-1128

CR2E037 (10/02)