2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006898

FILED Jan 23, 2007 Secretary of State

Entity Name: HOMESTEAD HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

235 E. FIFTH ST. 1691 HOLLYWOOD AVE. APOPKA, FL 32703 EUSTIS, FL 32726

Current Mailing Address: New Mailing Address:

235 E. FIFTH ST 1691 HOLLYWOOD AVE. APOPKA, FL 32703 EUSTIS, FL 32726

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLOM, H. LEWIS STIENKE, JOHN 235 E. FIFTH ST. 1691 HOLLYWOOD AVE APOPKA, FL 32703 US EUSTIS, FL 32726

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: JOHN STIENKE 01/23/2007

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete

KELLOM, H. LEWIS STIENKE, JOHN Name: Name: 235 E. FIFTH ST. Address: 1691 HOLLYWOOD AVE. Address: City-St-Zip: APOPKA, FL 32703 EUSTIS, FL 32726

(X) Change () Addition Title: DS () Delete Title:

Name: MCCOY, BONITA S. Name: JONES, DEXTER Address: 235 E. FIFTH ST. Address: 1703 HOLLYWOOD AVE. City-St-Zip: APOPKA, FL 32703 City-St-Zip: EUSTIS, FL 32726

Title: () Delete Title: (X) Change () Addition

GUERRA, RODRIGO BEST, TOBY Name: Name: Address: 235 E. FIFTH ST. Address: 1664 HOLLYWOOD AVE City-St-Zip: APOPKA, FL 32703 City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STIENKE DP 01/23/2007