2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000008327

SIGNATURE;

SIGNATURE A

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FILED

Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90142 025 ****61.25 HOMESTEAD VILLAGE 50 CONDOMINIUM ASSOCIATION Principal Place of Business Mailing Address 40051076 3839 W 16TH AVE 3839 W 16TH AVE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-NP CR2E037 (12/06) Applied For 4. FELNumber City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAYON, MAURICIO Street Address (P.O. Box Number is Not Acceptable) 3839 W 16TH AVE HIALEAH, FL 33012 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE ETESSAM, SHSHIN NAME NAME STREET ADDRESS 3839 W 16TH AVE STREET ADORESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition RYAN, MAGGIE NAME NAME STREET ADDRESS 3839 W 16TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP AT ☐ Change ☐ Addition TITLE □ Defete TITLE ALVARADO, JOSE NAME NAME STREET ADDRESS 3839 W 16TH AVE STREET ADORESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

DBPR FORM CO 6000-1 Effective: August 18, 2005



STATE OF FLORIDA

DEPARTMENT OB BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF FLORIDA LAND SALES, CONDOMINIUMS AND MOBILE HOMES
1940 North Monroe Street, Northwood Centre
Tallahassee, Florida 32399-1033
(850) 487-9832

NOTICE OF CONDOMINIUM RECORDING INFORMATION

This form is to report recording information for the declaration and amendments adding phases as required by sections 718.104(2), 718.403(8), Florida Statutes, and Rule 61B-17.001(3), Florida Administrative Code, and to remit the annual fees required by Rule 61B-23.002(1)(b), F.A.C. PLEASE ATTACH COPIES OF ANY RECORDED DOCUMENTS TO THIS FORM IF DOCUMENTS PRIOR TO RECORDING WERE NOT ALREADY REVIEWED, APPROVED AND ON FILE WITH THE DIVISION. If there are changes to the documents on file with the Division, please refer to Rule 61B-17.006, F.A.C. and submit the changes in amendment form.

1.	Name of Condominium topic ST-AD VILLAGE SD COLD HA INIUM
	Street Address SEOAM 900 NE 18TH ANI NUE
	City HUNGI-STEAD County PHAMI - DADE State PL Zip Code 33033
2.	Project number assigned by the Division PR 74223
3.	Name of Developer/OwnerCC 144 Reacy, UC
	Street Address 3837 W. 1614 YWL NUE
	City HIAWAH County PRANTI-DADE State FC Zip Code 33012
4.	Name of Condominium Association HOMESTAD VILLAGE SO CONDUMNIUM
	Mailing Address W. NETH ALTONIE
	city Lhausart county 1/4/01 - DANG State FC zip cod 33012
5.	Please complete the following information if reporting the recording of a declaration of condominium.
	County where recorded MIAMI - LACE
	Official Records Book No. 25235 Page No. 4246
	Date Recorded Decidence 29 7004
	month day year
	Number of units located in or on the land being submitted by the declaration to condominium ownership.
	If a phase condominium, identify the phase(s) which was submitted with the recording of the declaration

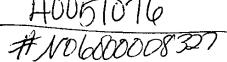
ATTACHMENT

DBPR FORM CO 6000-1 Effective: August 18, 2005

Title (Indicate whether developer

or agent of developer)

Contact Telephone Number



6. If reporting an amendment or amendments adding phases, please provide the following information for each phase. Phase Number _____ County where recorded _____ Official Records Book No. Page No. **Date Recorded** day Number of units described in the phase Total units in the condominium after addition of this phase Phase Number _____ County where recorded _____ Official Records Book No. _____ Page No. Date Recorded _ day month Number of units described in the phase Total units in the condominium after addition of this phase ___ Phase Number County where recorded Official Records Book No. _____ Page No. ____ Date Recorded month day year Number of units described in the phase Total units in the condominium after addition of this phase If additional space is needed, please attach a separate page and include all of the information in question six for each amendment. 7. Are the association annual fees of \$4 per residential unit included? Rule 61B-23.002(1)(b), Florida Administrative Code, requires this payment to be made along with the Notice of Recording Information. this form

Date