FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16273 (7)

1. Corporation Name

HOMESTEAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O EMMETT SNIDER 8 PALMS PLZA HOMESTEAD FL 33030 US	C/O EMMETT SNIDER 8 PALMS PLAZA HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2719398 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Bobby Shiver	26 c/o Bobby Shiver
22 Suite, Apt. #, etc. 8 Palms Plaza	27 Suite, Apt. #, etc. 8 Palms Plaza
23 City & State Homestead FL	28 City & State Homestead FL
24 Zip 33030 25 Country US	29 Zip 33030 30 Country US

9. Name and Address of Current Registered Agent

SNIDER, EMMETT
949 NW 9TH STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: Shiver Bobby
82 Street Address (P.O. Box Number is Not Acceptable): 232 N.W. 15 St.
83
84 City: Homestead FL 85 Zip Code: 33030

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bobby L Shiver 1-31-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SNIDER, EMMETT	1.2 NAME	Shiver, Bobby
STREET ADDRESS	949 NW 9TH STREET	1.3 STREET ADDRESS	232 N.W. 15 St.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	CAPPIELLO, STEVE	2.2 NAME	Cappiello, Steve
STREET ADDRESS	319 N KROME	2.3 STREET ADDRESS	319 N. Krome
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	RSD	3.1 TITLE	RSD ☐ Change ☐ Addition
NAME	TRANTHAN, CLYDE	3.2 NAME	Trantham, Clyde
STREET ADDRESS	987 NE 5TH AVENUE	3.3 STREET ADDRESS	987 N.E. 5 Ave.
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	D	4.1 TITLE	CSD ☒ Change ☐ Addition
NAME	CHAMPNEY, GERALDINE	4.2 NAME	Cappiello, Rosa
STREET ADDRESS	75 NE 15TH ST	4.3 STREET ADDRESS	319 N. Krome
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	CSD	5.1 TITLE	TD ☐ Change ☒ Addition
NAME	WASHAM, DAWN	5.2 NAME	Rogers, Lawrence
STREET ADDRESS	2503 SAN REMO CIR	5.3 STREET ADDRESS	948 N.W. 9 Ct.
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	TD	6.1 TITLE	D ☐ Change ☒ Addition
NAME	WEST, JERRY	6.2 NAME	Lindsay, Cheryl
STREET ADDRESS	1424 YELLOW THROAT	6.3 STREET ADDRESS	8 Palms Plaza
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	Homestead, FL 33030

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bobby L Shiver 1-31-95 305-248-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006700