

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N16273 (7)**
1. Corporation Name
HOMESTEAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O SHIVER, BOBBY
8 PALMS PLAZA
HOMESTEAD FL 33030
US**

Mailing Address
**C/O SHIVER, BOBBY
8 PALMS PLAZA
HOMESTEAD FL 33030
US**

3. Date Incorporated or Qualified **08/11/1986** 3a. Date of Last Report **03/02/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**SHIVER, BOBBY
232 NW 15TH STREET
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **PD PRES** ☐ DELETE
NAME **SHIVER, BOBBY**
STREET ADDRESS **232 NW 15TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VP** ☐ DELETE
NAME **CAPPIELLO, STEVE**
STREET ADDRESS **319 N KROME**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **RSD** ☐ DELETE
NAME **TRANHAN, CLYDE**
STREET ADDRESS **987 NE 5TH AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **CSD** ☐ DELETE
NAME **CAPPIELLO, ROSA**
STREET ADDRESS **319 N DROME**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **CSD** ☒ DELETE
NAME **WASHAM, DAWN**
STREET ADDRESS **2503 SAN REMO CIR**
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **TO** ☐ DELETE
NAME **WEST, JERRY**
STREET ADDRESS **1424 YELLOW THROAT**
CITY-ST-ZIP **HOMESTEAD FL 33035**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STEVE SHIVER Director** ☐ Change ☒ Addition
1.2 NAME **1400 EGRET RD**
1.3 STREET ADDRESS **HOMESTEAD, FL 33035**
1.4 CITY-ST-ZIP

2.1 TITLE **STEVE LOSNER Director** ☐ Change ☒ Addition
2.2 NAME **72 NW 20 ST**
2.3 STREET ADDRESS **HOMESTEAD, FL 33030**
2.4 CITY-ST-ZIP

3.1 TITLE **TREAS** ☐ Change ☒ Addition
3.2 NAME **LAWRENCE ROGERS**
3.3 STREET ADDRESS **948 NW 9TH CT**
3.4 CITY-ST-ZIP **HOMESTEAD, FL 33030**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **000001855210**
6.3 STREET ADDRESS **-06/07/96--01022--018**
6.4 CITY-ST-ZIP *****61.25**

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)(k), 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** **Bobby L. Shiver** **305-248-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)