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Jun 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16273 (7)**  
 1. Corporation Name  
**HOMESTEAD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O SHIVER, BOBBY</b> <b>8 PALMS PLAZA</b> <b>HOMESTEAD FL 33030</b> <b>US</b>	Mailing Address <b>232 NW 15TH STREET</b> <b>HOMESTEAD FL 33030-4250</b>
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3. Date Incorporated or Qualified **08/11/1986** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business <b>21 8 Palms Plaza</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 8 Palms Plaza</b> Suite, Apt. #, etc.
City & State <b>23 Homestead FL</b> Zip <b>24 33030</b> Country <b>25 Dade</b>	City & State <b>28 Homestead FL</b> Zip <b>29 33030</b> Country <b>30 Dade</b>

4. FEI Number <b>59-2719398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>SHIVER, BOBBY</b> <b>232 NW 15TH STREET</b> <b>HOMESTEAD FL 33030</b>	
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10. Name and Address of New Registered Agent  <b>81 Name Cheryl Lindsay</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 8 Palms Plaza</b> <b>83</b> <b>84 City Homestead FL</b> <b>85 Zip Code 33030</b>	
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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 Bobby L Shiver Cheryl Lindsay 6/1-97 Pres

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> <input type="checkbox"/> DELETE	NAME <b>SHIVER, BOBBY</b>	1.1 TITLE <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME <b>Shiver Bobby</b>
STREET ADDRESS <b>232 NW 15TH STREET</b>	CITY-ST-ZIP <b>HOMESTEAD FL 33030</b>	1.3 STREET ADDRESS <b>232 NW 15th</b>	1.4 CITY-ST-ZIP <b>HOMESTEAD FL 33030</b>
TITLE <b>V</b> <input type="checkbox"/> DELETE	NAME <b>CAPPIELLO, STEVE</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>319 N KROME</b>	CITY-ST-ZIP <b>HOMESTEAD FL 33035</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>S</b> <input type="checkbox"/> DELETE	NAME <b>TRANHAN, CLYDE</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>987 NE 5TH AVENUE</b>	CITY-ST-ZIP <b>HOMESTEAD FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>CAPPIELLO, ROSA</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>319 N DROME</b>	CITY-ST-ZIP <b>HOMESTEAD FL 33035</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SHIVER, STEVE</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>1400 EGRET RD.</b>	CITY-ST-ZIP <b>HOMESTEAD FL 33035</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>WEST, JERRY</b>	6.1 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME <b>Cheryl Lindsay</b>
STREET ADDRESS <b>1424 YELLOW THROAT</b>	CITY-ST-ZIP <b>HOMESTEAD FL</b>	6.3 STREET ADDRESS <b>8 Palms Plaza</b>	6.4 CITY-ST-ZIP <b>HOMESTEAD FL 33030</b>

14. I do 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 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 B. B. N. K. R. A. D. U. R. E. D. 6-1-97

CR2E037 (9/96)