

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16273** (7)
1. Corporation Name
HOMESTEAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8 PALMS PLAZA HOMESTEAD FL 33030 US	Mailing Address 8 PALMS PLAZA HOMESTEAD FL 33030 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/11/1986	
4. FEI Number 59-2719398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LINDSAY, CHERYL 8 PALMS PLAZA HOMESTEAD FL 33030
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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	D <input type="checkbox"/> DELETE
NAME	SHIVER, BOBBY
STREET ADDRESS	232 NW 15TH STREET
CITY-ST-ZIP	HOMESTEAD FL
TITLE	V <input type="checkbox"/> DELETE
NAME	CAPPIELLO, STEVE
STREET ADDRESS	319 N KROME
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	S <input type="checkbox"/> DELETE
NAME	TRANHAN, CLYDE
STREET ADDRESS	987 NE 5TH AVENUE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CAPPIELLO, ROSA
STREET ADDRESS	319 N DROME
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	D <input type="checkbox"/> DELETE
NAME	SHIVER, STEVE
STREET ADDRESS	1400 EGRET RD.
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	P <input type="checkbox"/> DELETE
NAME	LINDSEY, CHERYL
STREET ADDRESS	8 PALMS PLAZA
CITY-ST-ZIP	HOMESTEAD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 recorder 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 the attachment with an address.

SIGNATURE:  2/11/98 305247-2151

CR2E037 (10/97)