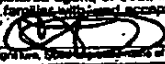


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90090 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16273			
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	
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	
3. Date Incorporated or Qualified 08/11/1986		4. FEI Number 59-2719398	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent LINDSAY, CHERYL 8 PALMS PLAZA HOMESTEAD FL 33030		8. 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  4/20/99			
12. OFFICERS AND DIRECTORS ☐ DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME SHIVER, BOBBY 1.3 STREET ADDRESS 232 NW 15TH STREET 1.4 CITY-ST-ZIP HOMESTEAD FL		1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☐ Addition 1.2 NAME SHIVER, BOBBY 1.3 STREET ADDRESS 232 NW 15TH ST. 1.4 CITY-ST-ZIP HOMESTEAD FL 33030	
2.1 TITLE V 2.2 NAME CAPPIELLO, STEVE 2.3 STREET ADDRESS 319 N KROME 2.4 CITY-ST-ZIP HOMESTEAD FL 33035		2.1 TITLE DIRECTOR ☐ Change ☐ Addition 2.2 NAME CAPPIELLO, STEVE 2.3 STREET ADDRESS 319 N. KROME 2.4 CITY-ST-ZIP HOMESTEAD FL 33030	
3.1 TITLE S 3.2 NAME TRANSTHAN, CLYDE 3.3 STREET ADDRESS 987 NE 5TH AVENUE 3.4 CITY-ST-ZIP HOMESTEAD FL		3.1 TITLE SECRETARY ☐ Change ☐ Addition 3.2 NAME CAPPIELLO, ROSA 3.3 STREET ADDRESS 319 N. KROME 3.4 CITY-ST-ZIP HOMESTEAD, FL 33030	
4.1 TITLE D 4.2 NAME CAPPIELLO, ROSA 4.3 STREET ADDRESS 319 N KROME 4.4 CITY-ST-ZIP HOMESTEAD FL 33035		4.1 TITLE VICE PRESIDENT/DIRECTOR ☐ Change ☐ Addition 4.2 NAME LINDSAY, CHERYL 4.3 STREET ADDRESS 8 PALMS PLAZA 4.4 CITY-ST-ZIP HOMESTEAD, FL 33030	
5.1 TITLE D 5.2 NAME SHIVER, STEVE 5.3 STREET ADDRESS 1400 EGRET RD. 5.4 CITY-ST-ZIP HOMESTEAD FL 33035			
6.1 TITLE P 6.2 NAME LINDSEY, CHERYL 6.3 STREET ADDRESS 8 PALMS PLAZA 6.4 CITY-ST-ZIP HOMESTEAD FL			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TITLE OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

4/20/99

305247-2151

Signature Phrase #

CR2037 (1/198)