

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16273

1. Entity Name

HOMESTEAD HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90003 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8 PALMS PLAZA  
HOMESTEAD FL 33030  
US

8 PALMS PLAZA  
HOMESTEAD FL 33030-6046  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSAY, CHERYL  
8 PALMS PLAZA  
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAPIELLO, STEVE  
STREET ADDRESS 319 N KROME  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME TRANHAN, CLYDE  
STREET ADDRESS 987 NE 5TH AVENUE  
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME CAPIELLO, ROSA  
STREET ADDRESS 319 N KROME  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SHIVER, STEVE  
STREET ADDRESS 1400 EGRET RD.  
CITY-ST-ZIP HOMESTEAD FL 33035

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME LINDSEY, CHERYL  
STREET ADDRESS 8 PALMS PLAZA  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/00

305-247-2151

CR2E037 (9/99)