2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # N16273** 1. Entity Name -28-2001 90100 031 ****61.25 HOMESTEAD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 8 PALMS PLAZA 8 PALMS PLAZA HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address N.W. 232 232 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE tomestea Jome. City & State City & State 4. FEI Number Applied For 59-2719398 33030 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33030 33030 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOBBY LINDSAY, CHERYL 8 PALMS PLAZA HOMESTEAD FL 33030 Zip Code <u> 33030</u> 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 2-22.61 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE PD ☐ Delete TITLE NAME SHIVER, BOBBY NAME STREET ADDRESS 232 NW 15TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete Change Addition TITLE TITLE NAME CAPPIELLO, STEVE STREET ADDRESS 319 N KROME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete ☐ Change Addition TITLE TRANTHAN, CLYDE NAME NAME STREET ADDRESS 987 NE 5TH AVENUE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP HOMESTEAD FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE CAPPIELLO, ROSA NAME STREET ADDRESS 319 N KROME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 TIT! F ☐ Delete ☐ Change ☐ Addition NAME SHIVER, STEVE STREET ADDRESS 1400 EGRET RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33035** Change TITLE Delete TITLE X Addition Emmett L. Snider 949 N.W. 95t. NAME LINDSEY, CHERYL NAME STREET ADDRESS **8 PALMS PLAZA** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 12. Thereby 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

FILED

Daytime Phone #