

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90100 031 ****61.25

DOCUMENT # N16273

1. Entity 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

232 N.W. 15 St.

Suite, Apt. #, etc.

Homestead, FL

City & State

Zip

33030

Country

USA

3. Mailing Address

232 N.W. 15 St.

Suite, Apt. #, etc.

Homestead, FL

City & State

33030

Zip

33030

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2719398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LINDSAY, CHERYL
8 PALMS PLAZA
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

SHIVER, BOBBY

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

232 N.W. 15 St.

City

Homestead

FL

Zip Code

33030

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

Bobby L Shiver

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

(NOTE: Registered Agent signature required when reinstating)

2-22-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHIVER, BOBBY	
STREET ADDRESS	232 NW 15TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPIELLO, STEVE	
STREET ADDRESS	319 N KROME	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRANHAN, CLYDE	
STREET ADDRESS	987 NE 5TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPPIELLO, ROSA	
STREET ADDRESS	319 N KROME	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVER, STEVE	
STREET ADDRESS	1400 EGRET RD.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, CHERYL	
STREET ADDRESS	8 PALMS PLAZA	
CITY-ST-ZIP	HOMESTEAD FL 33030	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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