

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90195 049 ****61.25

DOCUMENT # N16273

1. Entity Name

HOMESTEAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

232 NW 15 ST
 HOMESTEAD FL 33030
 US

232 NW 15 ST
 HOMESTEAD FL 33030
 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

SHIVER, BOBBY
232 NW 15 ST.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 CAPPIELLO, 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 TRANTHAN, 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 CAPPIELLO, 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 D ☐ Delete
 NAME SNIDER, EMMETT L
 STREET ADDRESS 949 NW 9 ST
 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

Signature Required

7-8-02 305-248-2200

CR2E037 (4/02)