

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 037 ****61.25

DOCUMENT # N16273

1. Entity Name

HOMESTEAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

232 NW 15 ST
HOMESTEAD FL 33030
US

Mailing Address

232 NW 15 ST
HOMESTEAD FL 33030
US

54057010



MOORE

CR2E037 (4/04)

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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 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 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 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:

Bobby Lehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-24-04 305-248-2240