


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16273</b>		
1. Entity Name <b>HOMESTEAD HOMEOWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>232 NW 15 ST HOMESTEAD FL 33030 US</b>	Mailing Address <b>232 NW 15 ST HOMESTEAD FL 33030 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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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.
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SIGNATURE	(NOTE: Registered Agent signature required when renewing)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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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	TRANZHAN, 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	D <input type="checkbox"/> Delete
NAME	SNIDER, EMMETT L
STREET ADDRESS	949 NW 9 ST
CITY-ST-ZIP	HOMESTEAD FL 33030

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000427860  
02/21/06-80024-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.