# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2009**
**Secretary of State**

DOCUMENT# N16273

**Entity Name:** HOMESTEAD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

232 NW 15 ST
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

232 NW 15 ST
HOMESTEAD, FL 33030 US

**New Mailing Address:**

**FEI Number: 59-2719398** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIVER, BOBBY
232 NW 15 ST.
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PD | ( ) Delete |
| Name: | SHIVER, BOBBY | |
| Address: | 232 NW 15TH STREET | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | D | ( ) Delete |
| Name: | CAPPIELLO, STEVE | |
| Address: | 319 N KROME | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | S | ( ) Delete |
| Name: | GORDON, EARL | |
| Address: | 710 NW 20TH ST | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | S | ( ) Delete |
| Name: | CAPPIELLO, ROSA | |
| Address: | 319 N KROME | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |
| Title: | D | ( ) Delete |
| Name: | SHIVER, STEVE | |
| Address: | 1400 EGRET RD. | |
| City-St-Zip: | HOMESTEAD, FL 33035 | |
| Title: | D | ( ) Delete |
| Name: | SNIDER, EMMETT L | |
| Address: | 949 NW 9 ST | |
| City-St-Zip: | HOMESTEAD, FL 33030 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY SHIVER PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date