FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24243 (0)

1. Corporation Name

HOMESTEAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARBOUR MANAGEMENT COMPANY 552 MAIN ST. SAFETY HARBOR FL 34695	C/O HARBOUR MANAGEMENT COMPANY 552 MAIN ST. SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2942668 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Lowery, Weldon	26 c/o Lowery, Weldon
Suite, Apt. #, etc. 22 101 Main St. Suite B	Suite, Apt. #, etc. 27 101 Main St. Suite B
City & State 23 Safety Harbor, FL	City & State 28 Safety Harbor, FL
Zip / Country 24 34695 / 25 USA	Zip / Country 29 34695 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEZER, STEVEN H., P.A.
1212 COURT STREET
STE. B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FREEMAN, FREDERICK	1.2 NAME	Vangsness, Diane
STREET ADDRESS	3042 HOMESTEAD CT.	1.3 STREET ADDRESS	3018 Homestead Court
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	VD	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	KAHN, DAVID	2.2 NAME	Gruber, Robert
STREET ADDRESS	3031 HOMESTEAD OAKS DR.	2.3 STREET ADDRESS	3036 Homestead Court
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	VANGSNESS, DIANE	3.2 NAME	Freeman, Frederick
STREET ADDRESS	3018 HOMESTEAD COURT	3.3 STREET ADDRESS	3042 Homestead Court
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34619
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	ASKEW, STEVEN	4.2 NAME	
STREET ADDRESS	3058 HOMESTEAD OAKS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SAMSON, JOHN	5.2 NAME	
STREET ADDRESS	3015 HOMESTEAD COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane S. Vangsness 1-23-95 (813)797-7668
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number
Diane S. Vangsness, President

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