FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N24243** **(0)**

1. Corporation Name

HOMESTEAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%LOWERY, WELDON 101 MAIN STREET STE B SAFETY HARBOR FL 34695 US	%LOWERY, WELDON 101 MAIN ST STE B SAFETY HARBOR FL 34695 US

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2942668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	VANGSNESS, DIANE		1.2 NAME	Burd, Kyle	
STREET ADDRESS	3018 HOMESTEAD CT		1.3 STREET ADDRESS	3052 Homestead Oaks Drive	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	VD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	KAHN, DAVID		2.2 NAME	Thomas, Keith	
STREET ADDRESS	3031 HOMESTEAD OAKS DR.		2.3 STREET ADDRESS	3046 Homestead Oaks Drive	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	FREEMAN, FREDERICK		3.2 NAME	Hopkins, Doreen	
STREET ADDRESS	3042 HOMESTEAD CT		3.3 STREET ADDRESS	3037 Homestead Oaks Drive	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	SD	☐ DELETE	4.1 TITLE	PD	☒ 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	☐ DELETE	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	VD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRUBER, ROBERT		6.2 NAME		
STREET ADDRESS	3036 HOMESTEAD CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Stephen J. Askew, PD Stephen J. Askew 3-20-96 (813) 539-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #