FILE NOW: FILING FEE IS $61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 34695-3656 US

3. Date Incorporated or Qualified: **01/07/1988**
3a. Date of Last Report: **04/04/1996**

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	VD	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	BURD, KYLE		1.2 NAME		
STREET ADDRESS	3052 HOMESTEAD OAKS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	Director at Large	☐ Change ☐ Addition
NAME	THOMAS, KEITH		2.2 NAME		
STREET ADDRESS	3046 HOMESTEAD OAKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, DOREEN		3.2 NAME		
STREET ADDRESS	3037 HOMESTEAD OAKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	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	☐ DELETE	5.1 TITLE	Vice President	☐ 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	Treasurer	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Sandra Giacobbe		6.2 NAME		
STREET ADDRESS	3091 Homestead Oaks Dr.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Sandra Giacobbe 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069250