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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEZER, STEVEN H., P.A. 1212 COURT STREET STE. B CLEARWATER FL 34616	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	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BURD, KYLE		1.2 NAME	John Milano	
STREET ADDRESS	3052 HOMESTEAD OAKS DR		1.3 STREET ADDRESS	3039 Homestead Court	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	THOMAS, KEITH		2.2 NAME	Ian Sexton	
STREET ADDRESS	3046 HOMESTEAD OAKS DR		2.3 STREET ADDRESS	3007 Homestead Oaks Dr	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater FL 33759	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOPKINS, ~~DOREEN~~ DORIE		3.2 NAME	Hopkins, Dorie	
STREET ADDRESS	3037 HOMESTEAD OAKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	GIACOBBE, SANDRA		4.2 NAME	Sandra Giacobbe	
STREET ADDRESS	3021 HOMESTEAD OAKS DRIVE		4.3 STREET ADDRESS	3021 Homestead Court	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Clearwater FL 33759	
TITLE	VP	☒ DELETE	5.1 TITLE	Vice President	☒ Change ☒ Addition
NAME	SAMSON, JOHN		5.2 NAME	Gary Young	
STREET ADDRESS	3015 HOMESTEAD COURT		5.3 STREET ADDRESS	3063 Homestead Court	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #