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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24243**

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

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)

3. Date Incorporated or Qualifed: 01/07/1988
4. FEI Number: 59-2942668 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILANO, JOHN		1.2 NAME		
STREET ADDRESS	3039 HOMESTEAD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	P/S	☒ Change ☐ Addition
NAME	SEXTON, IAN		2.2 NAME		
STREET ADDRESS	3007 HOMESTEAD OAK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, DORIE		3.2 NAME		
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	T	☐ Change ☒ Addition
NAME	GIACOBBE, SANDRA		4.2 NAME	VANGSNESS, DIANE	
STREET ADDRESS	3021 HOMESTEAD OAKS DRIVE		4.3 STREET ADDRESS	3018 HOMESTEAD CT.	
CITY-ST-ZIP	CLEARWATER FL 33759		4.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	VP	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	YOUNG, GARY		5.2 NAME	BIBAS, DENNIS	
STREET ADDRESS	3063 HOMESTEAD CT		5.3 STREET ADDRESS	3025 HOMESTEAD OAKS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33759		5.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	BIRD JAMES	
STREET ADDRESS			6.3 STREET ADDRESS	3055 HOMESTEAD OAKS DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER FL 33759	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-18-99 — (727) 797-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #