

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90088 044 ****61.25

DOCUMENT # N24243

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2942668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
 NAME **VANGSNES, DIANE**
 STREET ADDRESS **3018 HOMESTEAD CT.**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **SEXTON, IAN**
 STREET ADDRESS **3007 HOMESTEAD OAK DR**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BIBBS, DENNIS**
 STREET ADDRESS **3025 HOMESTEAD OAKS DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **BIRD, JAMES**
 STREET ADDRESS **3055 HOMESTEAD OAKS DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **TRENT, PATRICIA**
 STREET ADDRESS **3019 HOMESTEAD OAKS DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN SEXTON

1/29/02

791-4756

Date

Daytime Phone #

CR2E037 (9/01)