2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90022 011 ****61.25

DOCUMENT # N24243

1. Entity Name
HOMESTEAD PROPERTY OWNERS ASSOCIATION, INC.

04004743

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

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VANGSNESS, DIANE 3018 HOMESTEAD CT. CLEARWATER, FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLAKELY, TIMOTHY 3042 HOMESTEAD CT CLEARWATER FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SICA, GARY 3069 HOMESTEAD CT CLEARWATER, FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVP MORTON RICHARD 35296 US. 19 N # 192 PALM HARBOR, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTH, ROLAND 3054 HOMESTEAD CT CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DAVIDSON, JODY 3045 HOMESTEAD CT CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAVIDSON, JODY 3045 HOMESTEAD CT. CLEARWATER FL 33759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BROOKS, CHARLES 3021 HOMESTEAD CT CLEARWATER, FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARRIERA, MARIA 3040 HOMESTEAD OAKS DRIVE CLEARWATER FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Tim Blakely Treas Tim BLAKELY 1-26-04 799 8193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #