

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90136 023 ****61.25

DOCUMENT # N24243

1. Entity Name

HOMESTEAD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**%LOWERY, WELDON
101 MAIN STREET STE B
SAFETY HARBOR FL 34695
US**

Mailing Address

**%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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **DP** ☐ Change ☒ Addition
NAME **Gary Sica**
STREET ADDRESS **3069 Homestead Court**
CITY-ST-ZIP **Clearwater, FL 33759**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Roland Roth**
STREET ADDRESS **3054 Homestead Court**
CITY-ST-ZIP **Clearwater, FL 33759**

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

TITLE **DVP** ☐ Change ☒ Addition
NAME **Jody Davidson**
STREET ADDRESS **3045 Homestead Court**
CITY-ST-ZIP **Clearwater, FL 33759**

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

TITLE **DS** ☐ Change ☒ Addition
NAME **Charles Brooks**
STREET ADDRESS **3021 Homestead court**
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

1/31/03

(727) 797-668

CR2E037 (10/02)