


FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90030 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39829					
1. Corporation Name VILLAGES OF HOMESTEAD OPTIMIST CLUB, INC.					
Principal Place of Business C/O PAT MASON 11983 SW 268TH TERR NARANJA FL 33032 US			Mailing Address % PAT MASON 11983 S.W. 268TH TERRACE NARANJA FL 33032		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/31/1990 4. FEI Number 65-0213056 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MASON, PAT 11983 S.W. 268TH TERRACE NARANJA FL 33032				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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	MASON, PAT				
STREET ADDRESS	11983 S.W. 268TH TERRACE				
CITY-ST-ZIP	NARANJA FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	MASON, DANNY				
STREET ADDRESS	11983 SW 268TH TERR.				
CITY-ST-ZIP	NARANJA FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	ROBIN CLIFFORD				
STREET ADDRESS	31824 SW 187 PL				
CITY-ST-ZIP	HOMESTEAD FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	LYONS, JANE				
STREET ADDRESS	18305 SW 292ND ST.				
CITY-ST-ZIP	HOMESTEAD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SCHACK, HAL				
STREET ADDRESS	1211 L INDEPENDENCE DR.				
CITY-ST-ZIP	HOMESTEAD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PENN, VIC				
STREET ADDRESS	7713 SW 128TH PL.				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: DANNY MASON 2/2/99 305 258-2755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)