

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90013 027 \*\*\*\*61.25

**DOCUMENT # N94000006305**

1. Entity Name

**HOMESTEAD ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

4197 TALL TREES LN.  
 ST AUGUSTINE FL 32086  
 US

Mailing Address

4197 TALL TREES LN.  
 ST AUGUSTINE FL 32086  
 US

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3371419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

TRAYNOR, JOHN M  
 28 CORDOVA STREET  
 ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **Robert McLeod II, Esquire**

Street Address (P.O. Box Number is Not Acceptable) **904-824-9402**

**43 Cincinnati Ave.**

City **St. Augustine**

**FL**

Zip Code **32084**

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]*

**Robert L. McLeod II**

**24 May '01**

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

TITLE ☐ Delete  
 NAME **PDD CROSBY, DEREK**  
 STREET ADDRESS **100 MARIES WAY**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32026**

TITLE ☐ Delete  
 NAME **VPD RAY, REGINA**  
 STREET ADDRESS **108 MARIES WAY**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete  
 NAME **ST CROSBY, CHERYL**  
 STREET ADDRESS **100 MARIES WAY**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 no 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: *Cheryl Crosby* **Cheryl Crosby**

**5/23/01**

**904-824-7115**

CR2037 (10/00)