

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006305

1. Entity Name

HOMESTEAD ESTATES HOMEOWNERS ASSOCIATION, INC.

IR 59-3371419 DE  
HOMESTEAD ES  
% SHIRLEY MAG  
4197 TALL TREES  
ST AUGUSTINE F

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90211 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4197 TALL TREES LN.  
ST AUGUSTINE FL 32086  
US

4197 TALL TREES LN.  
ST AUGUSTINE FL 32086  
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 **59-3371419**

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

MC LEOD, ROBERT II ESQ  
43 CINCINNATI AVE  
SAINT AUGUSTINE FL 32084

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
357 Village Dr.  
St. Augustine FL 32084

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
357 Village Dr.  
St. Augustine FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*Cheryl Crosby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

904.823.3776

Date

Daytime Phone #

CR2E037 (9/01)