

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33603 (2)

1. Corporation Name

HOMELUND REALTY ASSOCIATES, INC.

Principal Place of Business

43 ELMGROVE AVE.  
PROVIDENCE RI 02906-4103

Mailing Address

43 ELMGROVE AVE.  
PROVIDENCE RI 02906-4103



3. Date Incorporated or Qualified

04/01/1991

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 254 Narragansett Pkwy 26 254 Narragansett Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Warwick

27 Warwick

City & State

City & State

23 Rhode Island

28 Rhode Island

Zip

Country

Zip

Country

24 02888-2949

25 USA

29 02888-2949

30 USA

4. FEI Number

05-0426088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATT: RUBIO, CHRISTINE  
TETREAU, ALBERT F  
21301 POWERLINE RD, STE 106  
BOCA RATON FL 33433

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Albert F. Tetreault, President*

Albert F. Tetreault, President 3/1/96

Signature type for previous name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TETREAU, ALBERT F.	
STREET ADDRESS	43 ELMGROVE AVE.	
CITY-STATE-ZIP	PROVIDENCE RI	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	TETREAU, THERESE	
STREET ADDRESS	43 ELMGROVE AVE.	
CITY-STATE-ZIP	PROVIDENCE RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TETREAU, DAVID F.	
STREET ADDRESS	1 BAYCLIFF DR.	
CITY-STATE-ZIP	WARWICK RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tetreault, Albert F.	
1.3 STREET ADDRESS	254 Narragansett Pkwy	
1.4 CITY-STATE-ZIP	Warwick, R.I., 02888-2949	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Therese J. Tetreault	
2.3 STREET ADDRESS	254 Narragansett Pkwy	
2.4 CITY-STATE-ZIP	Warwick, R.I., 02888-2949	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tetreault, David F.	
3.3 STREET ADDRESS	140 Howland Rd.	
3.4 CITY-STATE-ZIP	East Greenwich, R.I., 02818	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert F. Tetreault, Pres.* Albert F. Tetreault, Pres. 3/1/96 (401) 467-7993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)