

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**254 NARRAGANSETT PKWY  
WARWICK RI 02888-2949  
US**

Mailing Address

**254 NARRAGANSETT PKWY  
WARWICK RI 02888-2949  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1991**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

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

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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 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**

**2/1/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

**PO**

**TETREAU, ALBERT F.**

**254 NARRAGANSETT PKWY**

**WARWICK RI**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SDT**

**TETREAU, THERESE**

**254 NARRAGANSETT PKWY**

**WARWICK RI**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**

**TETREAU, DAVID F.**

**140 HOWLAND ROAD**

**EAST GREENWICH RI**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**Warwick, R.I., 02888-2949**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**Warwick, R.I. 02888-2949**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**East Greenwich, R.I., 02818**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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, President* **Albert F. Tetreault, President** 2/1/98 (401)467-7993

CR2E034 (10/97)