


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000033753 1. Entity Name HOMESTEAD COMMUNITIES INC.	
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Principal Place of Business P.O. BOX 220 FLAGLER BEACH, FL 32136	Mailing Address P.O. BOX 220 FLAGLER BEACH, FL 32136
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARR, ARTHUR M 2628 S. CENTRAL AVE. FLAGLER BEACH, FL 32136	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARR, ARTHUR M 2628 S. CENTRAL AVE. FLAGLER BEACH, FL 32136
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08/23/05-80001-006 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Arthur M. Barr **ARTHUR M. BARR** 7.18.05 386.437.2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #