

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 736962

**Entity Name:** HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.

**FILED**  
**May 03, 2013**  
**Secretary of State**  
**CC7926057605**

**Current Principal Place of Business:**

C/O BILL WHITE  
19800 SW 180 AVE #36  
MIAMI, FL 33187-2634

**Current Mailing Address:**

PO BOX 901082  
HOMESTEAD, FL 33090-1082 US

**FEI Number: 59-1738397**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WHITE, WILLIAM E  
19800 SW 180 AVE  
#36  
MIAMI, FL 33187-2634 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TYLER, MELODY L.  
Address 2560 SE 5 CT  
City-State-Zip: HOMESTEAD FL 33033

Title VP2D  
Name SOLTZ, JOAN  
Address 2962 SE 24 TER  
City-State-Zip: HOMESTEAD FL 33035

Title SD  
Name WULF, NANETTE  
Address 22840 SW 167 AVE  
City-State-Zip: MIAMI FL 33170

Title TD  
Name WHITE, WILLIAM E  
Address 19800 SW 180 AVE #36  
City-State-Zip: MIAMI FL 33187

Title SD  
Name STOLINSKI, MARY LOU  
Address 1700 S CURLEW LN  
City-State-Zip: HOMESTEAD FL 33035

Title VP1D  
Name MCALLISTER, ANN  
Address 19411 SW 308 ST  
City-State-Zip: HOMESTEAD FL 33030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM E WHITE**

**TD**

**05/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date