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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766182** **(0)**

1. Corporation Name

HONEYPLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 SW 46 AVE. DAVIE FL 33314-2215 US	1710 SW 83 TERR MIRAMAR FL 33025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1982**

3a. Date of Last Report: **03/07/1994**

4. FEI Number: **59-2249510** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: c/o PRESTIGE PROPERTY MGMT
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27: 3300 SW 46 AVE
City & State 23	City & State 28: DAVIE FL
Zip 24 / County 25	33314-2215 29 / BROWARD 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MGT. & MAINT., INC.
3300 SW 46TH AVE.
DAVIE FL 33314

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 _____ (Name of Registered Agent Typed or Printed) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HUGHES, TOM	12 NAME	THOMAS HUGHES	
STREET ADDRESS	1740 S.W. 84TH AVENUE	13 STREET ADDRESS	1740 SW 84 AVE	
CITY ST ZIP	MIRAMAR FL	14 CITY ST ZIP	MIRAMAR FL 33025	
TITLE	S	21 TITLE	T/S/D	☒ Change ☐ Addition
NAME	RIDDLE, CLARK	22 NAME	JEFFREY SCHOCH	
STREET ADDRESS	1700 SW 85TH AVE.	23 STREET ADDRESS	1760 SW 82 AVE	
CITY ST ZIP	MIRAMAR FL	24 CITY ST ZIP	MIRAMAR FL 33025	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	SCHOCH, JEFFERY	32 NAME		
STREET ADDRESS	1760 SW 82 AVE	33 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BOHRAM, FRANK	42 NAME		
STREET ADDRESS	1821 SW 82 AVE.	43 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOSELEY, LORI	52 NAME		
STREET ADDRESS	1731 SW 83 TERR	53 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	54 CITY ST ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	SCHLESTINGER, TAMARA	62 NAME		
STREET ADDRESS	1710 SW 83 TERR.	63 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	64 CITY ST 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. Hughes — THOMAS HUGHES, PRESIDENT — APRIL 17, 1995 — 437-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0038584