

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 **C/O PRESTIGE PROPERTY MGMT 3300 SW 46 AVE DAVIE FL 33314-2215 US**

3. Date Incorporated or Qualified **12/16/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI Number **59-2249510** 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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, THOMAS	
STREET ADDRESS	1740 SW 84 AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	SCHOCH, JEFFREY	
STREET ADDRESS	1760 SW 82 AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHOCH, JEFFERY	
STREET ADDRESS	1760 SW 82 AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOHRAM, FRANK	
STREET ADDRESS	1821 SW 82 AVE.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSELEY, LORI	
STREET ADDRESS	1731 SW 83 TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLESTINGER, TAMARA	
STREET ADDRESS	1710 SW 83 TERR.	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

954-4370039

Date Daytime Phone #

CR2E037 (12/95)