


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90098 047 ****61.25

DOCUMENT # 766182					
1. Entity Name HONEYPLACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORP SUNRISE, FL 33323 US			Mailing Address 1145 SAWGRASS CORP SUNRISE, FL 33323 US		
2. Principal Place of Business LANDMARK Management SERVICES (SAME) Suite, Apt. #, etc. 1002		3. Mailing Address (SAME) Suite, Apt. #, etc.			
City & State COOPER CITY FL		City & State		4. FEI Number 59-2249510	
Zip 33330		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR, BROUGH & CHADROW PA 150 SO PINE ISLAND RD SUITE 540 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: LANDMARK Management SERVICES Street Address (P.O. Box Number is Not Acceptable): 12323 SW 85 STREET SUITE 1002 City: COOPER CITY FL Zip Code: 33330		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME WOODE, GENE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1710 SW 84 AVE	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME GHANI, ABDOL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1750 SW 83 TERR	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS	CITY-ST-ZIP	
TITLE ST	NAME LAXTON, BARBARA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1778 SW 85TH AVENUE	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME HAYNES, ANTHONY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1789 SW 83 TERR	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS	CITY-ST-ZIP	
TITLE P	NAME FERNANDEZ, GREGG	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1781 SW 84 TERR	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS 8271 SW 44TH PLACE	CITY-ST-ZIP DAVIE, FL 33328	
TITLE D	NAME GORDON, NOEL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1799 SW 83 PLACE	CITY-ST-ZIP MIRAMAR, FL 33025		STREET ADDRESS	CITY-ST-ZIP	
12. 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 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 617, 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: _____			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
_____			_____		
_____			_____		