


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 766182</b> 1. Entity Name HONEYPLACE HOMEOWNERS' ASSOCIATION, INC.	
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07 JUN 28 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business LANDMARK MGMT. SVCS. 1002 COOPER CITY, FL 33330 US	Mailing Address LANDMARK MGMT. SVCS. 1002 COOPER CITY, FL 33330 US
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2. Principal Place of Business Honeyplace HOA Suite, Apt. #, etc. 8500 Pembroke Rd City & State Miramar FL	3. Mailing Address Honeyplace HOA Suite, Apt. #, etc. PO Box 848084 City & State P. Pines FL
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12052006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2249510	Applied For Not Applicable
5. Certificate of Status Desired 33025 US	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAKALAR & EICHNER, P.A.  
 WESTSIDE CORPORATE CENTER  
 150 SOUTH PINE ISLAND ROAD, SUITE 540  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600105415756  
 07/03/07--01057--005 \*\*\$1.25

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	Delete
DP	CASTILLO, HAMILTON	<input checked="" type="checkbox"/>
STREET ADDRESS	1781 SW 87 TERR	
CITY-ST-ZIP	MIRAMAR, FL 33025	
DVP	BOSTWICK, ALBERT JR	<input checked="" type="checkbox"/>
STREET ADDRESS	941 SW 71 AVE	
CITY-ST-ZIP	PEMBROKE, FL 33025	
DT	HIDALGO, VICTOR	<input checked="" type="checkbox"/>
STREET ADDRESS	1740 S 84 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
DS	JIMENNEZ, ELSA	<input type="checkbox"/>
STREET ADDRESS	1731 SW 83 TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33025	
D	GHANI, ABDUL	<input type="checkbox"/>
STREET ADDRESS	1750 SW 83 TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33025	
		<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	Change	Addition
DP	Bostwick, Albert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	941 SW 111 Ave		
CITY-ST-ZIP	P. Pines, FL 33025		
DVP; DT	Saulog, Henry	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1740 SW 83 Terr.		
CITY-ST-ZIP	Miramar, FL 33025		
D	Juan Reyes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1730 SW 84 Ave		
CITY-ST-ZIP	Miramar, FL 33025		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Al Bostwick* Al Bostwick 5/1/07 954.802.5494

*26/29*