

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766182

FILED
Mar 10, 2009
Secretary of State

Entity Name: HONEYPLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8500 PEMBROKE ROAD
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 848084
PEMBROKE PINES, FL 33084 US

New Mailing Address:

FEI Number: 59-2249510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOSTWICK, ALBERT
Address: 941 SW 111 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: DVP () Delete
Name: GHANI, ABDUL
Address: 1750 SW 83 TERR
City-St-Zip: MIRAMAR, FL 33025 US

Title: D () Delete
Name: YEPES, JUAN
Address: 1730 SW 84 AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

Title: DS () Delete
Name: JIMENNEZ, ELSA
Address: 1731 SW 83 TERR
City-St-Zip: MIRAMAR, FL 33025 US

Title: D () Delete
Name: GHANI, ABDUL
Address: 1750 SW 83 TERR
City-St-Zip: MIRAMAR, FL 33025 US

Title: DT () Delete
Name: BOSTWICK, ALBERT
Address: 1784 SW 84 AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOSTWICK, ALBERT
Address: 1784 SW 84 AVENUE
City-St-Zip: MIRAMAR, FL 33025 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT L. BOSTWICK

DP

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date