FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:09

DOCUMENT # N10613 (0)

1. Corporation Name

HONEY LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1000 SW ~~133RD~~ TR 13321 SW 9~~TH~~ PL DAVIE FL 33325 Dania, Fl.	1000 SW ~~133RD~~ TR 13321 SW 9~~TH~~ PL DAVIE FL 33325 Dania, Fl.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1985
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0116328 ☐ 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
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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COHEN, STEVE
13410 SW 10TH PL
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name: Garth Easton
82 Street Address (P.O. Box Number is Not Acceptable): 961 SW 134 Ave.
83
84 City: Davie FL 85 Zip Code: 33325

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: Susan Poulin, Sec./Treasurer — DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VPD~~	11 TITLE	VPD	☒ Change ☐ Addition
NAME	~~EASTON, GARTH~~	12 NAME	Nick Parella	
STREET ADDRESS	~~961 SW 134 AVE~~	13 STREET ADDRESS	961 SW 133 Terr.	
CITY-ST-ZIP	~~DAVIE FL~~	14 CITY-ST-ZIP	Davie FL 33325	
TITLE	~~D~~	21 TITLE	SD	☐ Change ☒ Addition
NAME	POULIN, SUSAN	22 NAME		
STREET ADDRESS	13321 SW 9TH PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	AMEZQUITA, RICK	32 NAME		
STREET ADDRESS	13431 SW 9TH PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP		
TITLE	~~SD~~	41 TITLE	Roseann Tellez	☐ Change ☒ Addition
NAME	~~LOWMAN, PAULA~~	42 NAME	1030 SW 133 Terr.	
STREET ADDRESS	~~1000 S.W. 133RD TERR.~~	43 STREET ADDRESS	Davie FL 33325	
CITY-ST-ZIP	~~DAVIE FL~~	44 CITY-ST-ZIP		
TITLE	~~PD~~	51 TITLE	D	☐ Change ☒ Addition
NAME	COHEN, STEVE	52 NAME		
STREET ADDRESS	13410 S.W. 10TH PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SUAREZ, JOE	62 NAME		
STREET ADDRESS	13400 SW 10TH PL	63 STREET ADDRESS		
CITY-ST-ZIP	DAVIE 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)(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: Susan Poulin 4/24/95 305-424-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047185